## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000042545 (9)

JANITORIAL PROFESSIONAL SERVICES, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 28 1997 8:00am Secretary of State



| 4119 N STATE RD 7 SUITE 9144 4119 N STATE RD 7 SUITE 9144 FT LAUDERDALE FL 33319 FT LAUDERDALE FL 33319-4826   |  |                                     |  |                                       |
|--|--|-------------------------------------|--|---------------------------------------|
|  |  |                                     | 3. Date incorporated or Qualified 05/13/1996   | 3a. Date of Last Report               |
| 2. Principal Place of Business   | 2a. Mailing Address  | 5 - 1 Kd                            | 4. FEI Number  | Applied For                           |
| 21 3864 N IN 76 AVE  |  | 0 76th f                            | NE 65 066800   |                                       |
| Suite, Apt #, etc.   | Suite, Apt #, etc.   |                                     | 6. Certificate of Status Desired   | \$8.75 Additional Fee Required        |
| City & State  23 SUNRISE FL  | City & Stale  SUNMSE   |                                     | Election Campaign Financing     Trust Fund Contribution                                  | \$5.00 May Be Added to Fees           |
| 24 33351 25 USA  | Zip 3335/ 30   | Country                             |  | Yes No                                |
| 9. Name and Address of Current F   | registered Agent   | 81 Name                             | 10. Name and Address of New Re   | egistered Agent                       |
| OHANU, MICHARU   |  |                                     |  |                                       |
|  |  |                                     | Address (P.O. Box Number is Not Accepta  | ple)                                  |
| SUMMISE FL 33331   |  | 83                                  | TO 1818/1918/1919  |                                       |
|  |  |                                     |  |                                       |
|  |  | 84 City                             |  | FL 85 Zip Code                        |
| 11. Pursuant to the provisions of Sections 607.0502 a  | ind 607.1508, Florida Statutes.                                  | the above named                     | corporation submits this statement for the i   | durages of changing its registered    |
| office or registered agent, or both, in the State of agent. I am familiar with, as paccept the obligat   | Florida. Such change was aut<br>ins Af. Section 607.0505. Florid | norized by the corp<br>la Statutes. | oration's board of directors. I hereby acce  | pt the appointment as registered      |
| SIGNATURE THE HELLS  | took!  |                                     |  | 1/20/97                               |
|  | id tillo il applicatie (NOTE: Fl                                 | egistered Agent signature           |  | DATE                                  |
| 12. OFFICERS AND D   |  | 13.                                 | ADDITIONS/CHANGES TO OFFIC   |                                       |
| THE TRESIDENT  | → DELETE   | 1.1 TITLE                           | TREASULE:  | Change Addition                       |
| NAME WINSTON WOODS   | DEA.   | 1.2 NAME                            | MICHELLE NOOD.   | Stock                                 |
| STREET ADDRESS 3864 NW 76H   |  | 1.3 STREET ADDRESS                  | 3864 NW 76 AVE   |                                       |
| CITY-SI-ZIP SUNRISE FC   |  | 1.4 CITY - ST - ZIP                 | BUNRISE FL   | 33351                                 |
| THE VICE PRESIDENT   | DELETE   | 2.1 TITLE                           |  | Change Addition                       |
| NAME RICHARD BRAND STREET ADDRESS 8500 SUNSET ST.  | RIP  | 2.2 NAME                            |  |                                       |
| STREET ADDRESS 8500 SUNSET   | 2 -> 2 7 7   | 2.3 STREET ADDRESS                  |  |                                       |
| CHY-SI-ZIP SUNRISE FL THE TREASURE   | 3 3322<br>  DELETE   | 2. 4 CITY-S1-ZIP<br>3.1 TITLE       |  | Change Addition                       |
| NAME MICHELLE WOODS  | 70ck   | 3.1 HILE<br>3.2 NAME                |  | Cuarige La Audition                   |
| STREET ADDRESS 3864 NW 76M AU  | B  |                                     |  |                                       |
| CHY-SI-ZIP SUNRISE FC  | 33351  | 3.3 STREET ADDRESS                  |  |                                       |
| TILE   | D DELETE   | 3.4 CITY-ST-ZIP<br>4.1 TITLE        | · · · · · · · · · · · · · · · · · · ·  | Change Addition                       |
| NAME   | hand Withhirth   | 4.2 NAME                            |  | viningo rodition                      |
| SIRELI ADDRESS   |  | 4.3 STREET ADDRESS                  |  |                                       |
| 01Y-S1-7/P   |  | 4.4 City-St-ZiP                     |  |                                       |
| TITLE  | ☐ DELETE   | 5.1 TITLE                           |  | Change Addition                       |
| NAME   |  | 5.2 NAME                            |  |                                       |
| STREET ADDRESS   |  | 5 3 STREET ADDRESS                  | •  |                                       |
| CITY-SI-ZIP  |  | 5.4 CITY-ST-ZIP                     |  |                                       |
| 1.11.F   | DELETE   | 61 TITLE                            |  | Change Addition                       |
| NAM!   |  | 62 NAME                             |  | -                                     |
| STREET ADDRESS   |  | 6.3 STREET ADDRESS                  |  |                                       |
| CHY-SI-70F   |  | 6.4 CITY - ST-ZIP                   |  |                                       |
| 14. I do hereby certify that the information supplied w  | ith this filing does not qualify f                               | or the exemption st                 | ated in Section 119.07(3)(i), Florida Statute  | s. I further certify that the         |
| information indicated on this annual report or sup<br>I am an officer or director of the corporation or the<br>appears in Block 12 or Block 13 if changed, or or | receiver or trustee empowere                                     | d to execute this re                | mat my signature shall have the same lega<br>eport as required by Chapter 607. Florida 5 | al ellect as it made under eath; that |