


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

APPROVED  
AND  
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1997 JUN 30 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McMath Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P96000047625 (4)</b> 1. Corporation Name <b>K &amp; G CLEANING SERVICES INC.</b>		

Principal Place of Business <b>2501 S. OCEAN DR., #336 HOLLYWOOD FL 33019</b>	Mailing Address <b>2501 S. OCEAN DR., #336 HOLLYWOOD FL 33019-2607</b>
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2. Principal Place of Business 21 <b>12320 N.W. 29th Street</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>12320 N.W. 29th Street</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/05/1996</b>	3a. Date of Last Report
22 City & State 23 <b>Sunrise, Florida</b>		27 City & State 28 <b>Sunrise, Florida</b>		4. FEI Number <b>65-0684591</b>	Applied For Not Applicable
24 Zip <b>33323</b>		25 Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29 Zip <b>33323</b>		30 Country <b>U.S.A.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>OSTA, KAREN 2501 S. OCEAN DR., #336 HOLLYWOOD FL 33019</b>				10. Name and Address of New Registered Agent	
81 Name <b>OSTA, KAREN</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>12320 N.W. 29th Street</b>	
83				84 City <b>Sunrise, FL</b>	
				85 Zip Code <b>33323</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/S OSTA, Karen 12320 N. W. 29th Street Sunrise, FL 33323</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>100002232061-007 -07/07/97-01169-008 ****165.00 ****165.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)