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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

THE ULTIMATE CLEANING SYSTEMS, INC.

P96000049216 (0) DOCUMENT #
1. Corporation Name

FILED May 08 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address			a namindes ing sayan menti danta danta danta dakin dikin sekta bibak ilaté dilit idak	
	BLVD SUITE 226	10211 PINES BLVD., SL	10211 PINES BLVD., SUITE 226			
PEMBROKE PINES FL 33026		PEMBROKE PINES FL 3				
					DO NOT WRITE IN TH	HIS SPACE
					 Date Incorporated or Qualified 06/07/1996 	
2. Principal P	ace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	
21		26			65-0668373	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
— ^{Zip}	Country	Zip	Country	1	8. This corporation owes or has paid the	
25 29 29 9. Name and Address of Current Registered Agent			30		Personal Property Tax due June 30.	Yes No
		rrent Registered Agent	61	Name	10. Name and Address of New Register	ed Agent
SOLOMON, JULIENNE			"			·
	211 Pines BLVD., suite 226 MBROKE Pines Fl 33026		82	Street A	ddress (P.O., Box Number is Not Acceptable)	
re	MUNUNE FINES FL 33020		83	ļ		
			03			
			84	City	F	85 Zip Code
11. Pursuant t	o the provisions of Sections 607	0502 and 607 1508 Florida Statu	tes the abov	nomod o	orporation submits this statement for the purpos	
Office or re	agistered agent, or both, in the St	late of Florida. Such change was	authorized by	/ the corpo	oration's board of directors. I hereby accept the	appointment as registered
*	n lamiliar with, and accept the of	oligations of, Section 607.0505, Fi	iorida Statute:	S.		
SIGNATURE ,	Signature, typed or printed name of registered	I agent and title if applicable (NO	E Registered Age	ent signature re	equired when reinstating) DAT	<u> </u>
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	DELETE	1.1 TITLE	1		Change Addition
NAME	COLE, BOBBY J JR		1.2 NAME	ļ		
STREET ADDRESS	10211 PINES BLVD., SUIT		1.3 STREET	ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 330		1.4 CITY - S	T-ZiP		
TITLE	VP	DELETE	2.1 TITLE			Change Addition
NAME	SOLOMON, JULIENNE	F	2.2 NAME			
STREET ADDRESS	10211 PINES BLVD., SUITI		2.3 STREET	ADDRESS	•	
CITY-ST-ZIP	PEMBROKE PINES FL 330		2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP TITLE		DELETE	3 4. CiTY - S	ST-ZIP		
NAME		F"↑ nereig	4.1 TITLE			L Change Addition
STREET ADDRESS			4. 2 NAME	+DDDESS		
			4.3 STREET			•
CITY-ST-ZIP TITLE	<u></u>	DELETE	4.4 CITY - S 5.1 TITLE	1 - ZIP		Change Addition
NAME		المال المال	5.1 THE 5.2 NAME			Change C Addition
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE	, 211		Change Addition
NAME		-	6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP	•		6.4 CITY-S			
14. I hereby co	ertily that the information supplied	with this filing does not qualify for	or the exemp	ion stated	in Section 119.07(3)(i), Florida Statutes. I further	certify that the information
ornicer or a	li rector of the corporation or the ri	ecover or trustee empewarred to	curate and that execute this i	at my signa report as re	ature shall have the same legal effect as if made equired by Chapter 607, Florida Statutes; and the	under oath; that I am an at my pame appears in
Block 12 o	r Block 13 if changed, or on a ra	Michment with an address.				1 1954)