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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000058766** (2)

PETER SCHNEIDER CLEANING SERVICES, INC.

Principal Place of Business Mailing Address 5985 MILINE CIRCLE 5985 MILINE CIRCLE NORTH FORT MYERS FL 33903 NORTH FORT MYERS FL 33903-5834 3. Date incorporated or Qualified 3a. Date of Last Report 07/12/1996 2. Principal Place of Business 2a. Mailing Address Applied For 4745 Estevo 4745 EsteroBl 65-067933 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 50 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Beachite Beach, Fl Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes \square \text{No} No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHNEIDER, PAUL Euro-American Financial Services, Inc.

FILED

May 07 1997 8:00am

Secretary of State

NORTH F1. MYERS FL 35903		5117 Castello Dr., Suite 1 Naples, FL 34103			
11. Pursuant to the provisions of Sections 697.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with this accept the objugations of, Section 607.0505, Florida statutes.					
SIGNATURE HITCH WIND AND SIGNATURE STATE OF PRINCE OF PR					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTOR	S IN 12
TITLE	PTD DELETE	1.1 Till(<i>t</i>	VS . , _ □ Ch	ange	Addition
NAME	SCHNEIDER, PETER	1,2 NAME	Schneider , Irmgard 4745 Estero Blid, Unit 15011		•
STREET ADDRESS	4745 Estero Bud, Unit 15014	1.3 STREET ADDRESS			
CITY-ST-ZIP	.Ft. Myers Beach, FL 33931	1.4 CITY - ST - ZIP	14 Myers Beach, 11. 33931		
TITLE	VS DELETE	2.1 TITLE	□ Cn	ange	Addition
NAME	BLAIR, MEIDE	2.2 NAME			1
STREET ADDRESS	5985 MILINE OMSLE	2.3 STREET ADDRESS			1
CITY - ST+ZIP	NORTH FORT MYERS PL-33903	2. 4 CJTY - ST - ZJP			
TITLE	☐ DELETE	3.1 TITEF	□ Ch	ange	Addition
NAME		3.2 NAML			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. City-St-7/P			
TITLE	DELETE	4.1 THUE	☐ Ch	ange	Addition
NAME		4-2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CiTY - S1 - 7iP			
TITLE	☐ DELFTE	5.1 TITLE	Ch	ange	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY - ST - ZIP			
TITLE	DELETE	6.1 TITLE	□ Ch	ange	Addition
NAME		6.2 NAME			
STREET ADDRESS	\wedge \cdot \cdot	6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CHY+ \$1- ZIP			
14. I do hereby certify that the intermittion July jugo 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 amplial good to y supplemental amount 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 configuration of the configuration of the configuration of the configuration.					

appears in Block 12 or Block 1/8 attachment with an address.