Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90251 017 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061831

1. Corporation Name

EXECUTIVE CLEANING ASSOCIATES INC

EXECUI	IVE CLEANING ASSOCIATE	S, INC.										
Principal Flac	ce of Business	Mailing	Address				7	ı ibbilibi ile lekib dirki gekir	MINT MANT ACT	S GI(B) IISEI IBISG	INTER HIMA TOMA	
20921 NE 13TH		20921 NE	13TH PLACE									
NO MIAMI BEACH FL 33179 NO MIAMI BEACH FL 33179			79									
							H	DO NOT WI		S SPACE		
								07/24/1996	J			
a Dringin d F	Place of Business	a Mail	ing Address				1	4. FEI Number		Δη	olied For	
2. Principai i	Place of Dusiness	<u> </u>	ing Address				'	65-0682080		<u>-</u>	t Applicable	
Suite, Apt.	# etc	26 Suite	e, Apt. #, etc.				+			\$8.75		
22 27		├ ──	St. Apr. of Stor				1	5. Certificate of Status Desired		Fee Re		
City & State			& State		_		Τ,	6. Election Campaign Financing		\$5.00	May Be	
23		28	28				'	Trust Fund Contribution	. []	Added t		
Zip	Country	Zip		Соц	ntry			3. This corporation owes the cu	rrent year l	ntangible		
24		29		30				Personal Property Tax.			III NO	
	9. Name and Address of Curren	nt Registered	Agent				1	Name and Address of New	Registere	d Agent		
AIDA	ME CHEADON N				81	Name						
	ams, shearon n 21 ne 13th place				82	Street Add	ress	(P.O. Bo:: Number is Not Accep	table)			
	MIAMI BEACH FL 33179											
Citi	MIAMI DEACH FE 33179				83							
					84	City				85 Zip (ode	
									F			
office or	t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Su	ich change was	authorized	l by i	the corporate	on's	board of directors. I hereby acc	ept the app	ointment as re	cistered	
SIGNATUF:E						t signature red ille	d whe	n reinstating)	DATE			=
12.	OFFICERS AN			13.				ADDITIONS/CHANGES TO C	FFICERS	AND DIRECTO	RS IN 12	(11/98)
TITLE	D		DELETE	1.1 717	LE					☐ Change	Addition	1
NAME	NORMAN, SHEARON			1.2 NA	ME							25
STREET ADDRESS	20921 NE 13TH PLACE		1.3 ST	1.3 STREET ADDRESS							F034	
CITY-ST-ZIP	NO MIAMI BEACH FL 33179	NO MIAMI BEACH FL 33179		1.4 CI	1.4 CITY- ST-ZIP							8
TITLE	D		☐ DELETE	2.1 717	L E					Change	Addition	Ç
NAME	ADAMS, GEORGE G		22 NA	ME								
STREET ADDRESS	20921 NE 13TH PLACE			2.3 ST	REET	ADDRESS						
CITY-ST-ZIP	NO MIAMI BEACH FL 33179			2. 4 CI	TY-S	T-ZIP						
TITLE	PTD	· -		3.1 717	3.1 TITLE					Change	Addition	
NAME	NORMAN-ADAMS, SHEARON		3.2 NA	3.2 NAME								
STREET ADDRESS				3.3 ST	REET	ADDRESS						
CITY-ST-ZIP	NORTH MIAMI BCH FL			34 C		T-ZIP				<u></u>	C 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
TITLE	VSD		☐ ØELETE	4.1 TIT	Œ					Change	Addition	
NAME	ADAMS, GEORGE G			4.2 N	AME	ì						
STREET ADDRESS	s 20921 NE 13TH PL			7 2 10								
CITY-ST-ZIP				4.3 ST	REET	ADDRESS .						
TITLE	NO MIAMI BCH FL			4.3 ST 4.4 CF	REET					Chongs	Addition	
NAME			DELETE	4.3 ST 4.4 CT 5 1 TIT	reet IY-si ILE					☐ Change	Addition	
	NO MIAMI BCH FL		DELETE	4.3 ST 4.4 CF 5 1 TIT 5.2 NA	REET IY-S <u>I</u> ILE IME	T-ZIP				☐ Change	Addition	 -
STREET ADDRESS	NO MIAMI BCH FL		DELETE	4.3 ST 4.4 Cr 5.1 TIT 5.2 NA 5.3 ST	reet iy-si ile ime reet	T-ZIP ADORESS				☐ Change	☐ Addition	
CITY-ST-ZIP	NO MIAMI BCH FL			4.3 ST 4.4 CF 5.1 TH 5.2 NA 5.3 ST 5.4 CF	REET IY-SI ILE IME REET IY-SI	T-ZIP ADORESS	-					
CITY-ST-ZIP TITLE	NO MIAMI BCH FL		☐ DELETE	4.3 ST 4.4 CF 5.1 TH 5.2 NA 5.3 ST 5.4 CF 6.1 TH	REET TLE IME REET TY-ST	T-ZIP ADORESS				☐ Change	Addition	
CITY-ST-ZIP	NO MIAMI BCH FL			4.3 ST 4.4 CF 5.1 W 5.2 NA 5.3 ST 5.4 CF 6.1 TH 6.2 NA	REET TY-ST TLE ME REET TY-ST TLE ME	T-ZIP ADORESS						

SIGNATURE:

CITY-ST-ZIP

March Manager L SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICE

(ans OR DIRECTOR

6.4 CITY-ST-ZIP

14. I hereby certify that the Antormation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cartify that the information indicated on this annual report or supplemental innual 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 portionation or the receipt 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 challged, or on an attact nent with an address, with a lightly the empowered.