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

2a. Mailing Address

City & State

Ζıρ

Suite, Apt. #, etc.

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CORPORATION ANNUAL REPORT

2. Principal Place of Business

NIGRO, DANIEL 134 LIVE OAK LANE

Suite, Apt. #, etc.

City & State

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Ζp



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # P96000075241 (5)** 

Country

9. Name and Address of Current Registered Agent

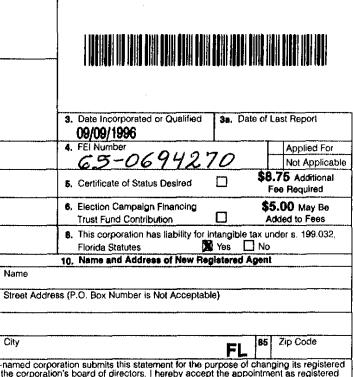
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**BOYNTON BEACH FL 33436** 

EXCEL CLEANING SERVICES, INC.

Principal Place of Business Mailing Address P O ROX 15912 P O BOX 15912 WEST PALM BEACH FL 33416-5912 WEST PALM BEACH FL 33416

## **FILED** Apr 24 1997 8:00am Secretary of State



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 Signature, typical or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13. Change \_\_\_ Addition TITLE D DELETE 1.1 TITLE NAME NIGRO, DANIEL 1.2 NAME **CR2E034** 134 LIVE OAK LANE 1.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY - ST - ZIF 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZiP CITY-ST-ZIP DELETE Change ... Addition 31 TITLE TITLE 3.2 NAME NAME . . . 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITL€ NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-7P 4.4 CITY - ST - ZIP DELETE Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY-ST-ZIP DITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CiTY-S1-ZiP

Country

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Name

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING