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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Apr 14 1998 8:00am Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS

DOCUI	MENT # P9600)0088916 (7)			
	DABLE GROUT CLEANING	, ,			
Principal Plac	e of Business	Mailing Address			
10020 NW 53 ST		10020 NW 53 ST			
SUNRISE FL 33351		SUNRISE FL 33351		· .	
US		US		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 10/28/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	M	26		65-0704186	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	∐ Yes ∐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DOMANIAC MEM. 81 Name					
	WNING, KEN		ot Name		
	020 NW 53 ST		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
50	NRISE FL 33351		83		
			22		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the above-named cor	poration submits this statement for the purpose	of changing its registered
office or r agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the ob-	ate of Florida. Such change was ligations of, Section 607.0505, Fl	authorized by the corpora lorida Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	appointment as registered
SIGNATURE			TE: Flegistered Agent signature requ	uired when reinstating) DATI	
12.	Signature, typed or printed name of registered OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DOWNING, KEN		1.2 NAME		
STREET ADDRESS	10020 NW 53 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	14-se	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		_ occasio	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELÉTÉ	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		LJ MEETE	6.2 NAME		
STREET ADDRESS		_	6.3 STREET ADDRESS		
CITY-ST-ZIP		A .	6.4 CITY - ST - ZIP		
44 5		1 . It has the a door not availted		n Section 110 07/3Vi) Florida Statutos I further	continue that the information

point this ming does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that 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 ecceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address.

FILED