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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 21 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600091776 (0) STATEWIDE JANITORIAL AND MAINTENANCE, INC.								
Principal Place of Business Mailing Address								i iden stat født
2201 NW 30TH PLACE STE A 2201 NW 30TH PLACE S			STE A	ITE A				
POMPANO BEACH FL 33069 POMPANO BEACH FL						DO NOT WRITE IN 71	וור פסאסר	
1						DO NOT WRITE IN TH	115 SPACE	
						11/07/1996		
2. Principal F	Place of Business	2a. Mailing Address	. Mailing Address			4. FEI Number		Applied For
21		26				65-0714105	F	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27				5. Continuate of Status Desireo	Fee l	Required
City & Stat	6	Crty & State				6. Election Campaign Financing	• -	0 Мау Ве
Zip	Country	28	Zip Country			Trust Fund Contribution		to Fees
24	F		30	¬ '		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	g, Name and Address of Current		130	_		10. Name and Address of New Register		
V	VORLDWIDE CORPORATE SERVI	CES. INC.		B1	Name			
ONE FINANCIAL PLAZA STE 2626 FORT LAUDERDALE FL 33394			ļ	82 Street Add		Address (P.O. Box Number is Not Acceptable)		
TOTAL CAUDE INCIDENT TE SOURT			Ī	B3			 	-·
			ļ.	84 City			85 Zrp	Code
L						F		
l office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was :	authorized	bv t	named o	corporation submits this statement for the purpos oration's board of directors. I hereby accept the	e of changing appointment a	its registered is registered
SIGNATURE	Signature, typed or printed name of registered ager	I and title if nevel cable ANOT	T. Dogintoryd	Annal	a a construct of	required when reinstalling} DAT	L	
12.	OFFICERS AND				e-griature i	ADDITIONS/CHANGES TO OFFICERS /		DBS IN 12
TITLE	DP	DELETE		1.1 TITLE			Change	
NAME	STEICA, JEFFREY		1.2 NAN	1.2 NAME		STEINER, JEFFREY		
STREET ADDRESS	2201 NW 30TH PL		1.3 STR	1.3 STREET ADDRESS				
CITY-S1-ZIP	POMPANO BCH FL		1.4 CITY	1.4 CITY-ST-ZIP				
THILE	DT	☐ DELETE	1	2.1 TITLE			Change	Addition
NAME	GELBER, CLIFF			2.2 NAME				
STREET ADDRESS	2201 NW 30TH PLACE		1	2.3 STREET ADD				
CITY-ST-ZIP TITLE	POMPANO BCH FL	DELETE		2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP				3.4. CITY-S1-ZIP				
TITLE		DELETE		4.1 TITLE			Change	Addition
NAME			4. 2 NA	4. 2 NAME				
STREET ADDRESS			4.3 STR	4.3 STREET ADDRESS				
CITY-ST-ZIP				4.4 CITY-ST-ZIP			——————————————————————————————————————	
TITLE		DELETE		5.1 TITLE			☐ Change	☐ Addition
NAME				5.2 NAME 5.3 STREET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP TITLE		DELETE	5.4 C(TY 6.1 T(T)	5.4 C(TY - ST - Z			Change	Addition
NAME				6.2 NAME			ourigo	
STREET ADDRESS			63 STRI		DORESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP				

14. I 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.