Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90207 005 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000091776

1. Corporation Name

STATEWIDE JANITORIAL AND MAINTENANCE, INC.

Principal Place of Business Mailing Address						T (SOLISA) (NO 1911S DIVI DRITT ANNY BONT BONT BRAN (SUL) 1991 (1981 GIS) (BR	
2201 NW 30TH PLACE STE A 2201 NW 30TH PLACE STE			١				
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069							
						DO NOT WRITE IN THIS SPACE	\neg
[3. Date Incorporated or Qualifed	1
						11/07/1996	\dashv
·	lace of Business	2a. Mailing Address				4. FEI Number Applied For	\dashv
21		26			65-0714105 Not Applicabl	-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Sequired Fee Required	╛
City & Stat	e	City & State			-	6. Election Campaign Financing \$5.00 May Be	\neg
23		28				Trust Fund Contribution Added to Fees	╝
Zip				ntry		8. This corporation owes the current year Intangiple	
24	25	29 3	0			Personal Property Tax. ☐Yes ☐No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent	
					Name		
WORLDWIDE CORPORATE SERVICES, INC.				82	Stroot Addr	ress (P.O. Box Number is Not Acceptable)	⊣
ONE FINANCIAL PLAZA STE 2626				"	Stiest Addi	ress (r.o. box realises is not receptable)	
FORT LAUDERDALE FL 33394				83			\neg
							\dashv
ł				84	City	FL 85 Zip Code	Ì
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							1
				Agent	t signature required	ad when reinstating) DATE	\dashv
12.	OFFICERS AND DIRECTORS DP DELETE			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	an l
TITLE	STEINER, JEFFREY	DELCTE.				_ snange	
NAME	GOOD BRILL GOTTLE DI		1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS							
CITY-ST-ZIP	POMPANO BCH FL		1.4 CITY-ST-ZIP		r-zip	☐ Change ☐ Additi	_
TITLE	OF OF CHEE	CT DETESE		2.1 TITLE			"
NAME	GELBER, CUFF			2.2 NAME			- 1
STREET ADDRESS	2201 NW 30TH PLACE			2.3 STREET ADDRESS			
-CITY-ST-ZIP	POMPANO BCH FL	□ or cre	2.4 CI		T-ZIP	☐ Change ☐ Additi	
TITLE				3.1 TITLE		☐ Change ☐ Addition	"'
NAME			3.2 NAME				
STREET ADDRESS	•		3.3 STI	REET	ADDRESS	,	
CITY-ST-ZIP			3.4. CI		T-ZIP		_
πιε		☐ DELETE	4.1 TIT	ΙE	1	☐ Change ☐ Additi	n (
NAME			4. 2 NA	AME			
STREET ADDRESS			4.3 ST	REET	ADDRESS		J

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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

COST MEET NO

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

Daytime Phone #

☐ Change

Change

[] Addition

☐ Addition