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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000097271 (6)

| UNIVERS  | SAL JANITORIAL SERVICES,   | INC  |  |  | LANKO SAKUL KANKO KKANK ITAAN KURI POOL                           |
|--|--|--|--|--|---|
| Principal Plac   | ce of Business   | Mailing Address  |  | -  |   |
| 208 LAKE POINT DR. #207 208 LAKE POINT DR. #207 ORLANDO PARK FL 33309 3587 |  |  |  |  |   |
|  |  |  |  | 3. Date incorporated or Qualified 11/25/1996   | 3a. Date of Last Report   |
| 2, Principal F   | Place of Business  | 2a. Mailing Address  |  | 4. FEI Number  | Applied For   |
| =- <b>::</b> -:  | lake pointe de .   | 26 P.O. BOX  | 1495   | 65-070932B 10  | Not Applicable  |
| Suite, Apt   | #, etc # 207   | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Regulred                                    |
| City & Stat  | <b>5</b>   | City & State   | BEACH FL.  | 6. Election Campaign Financing   | \$5.00 May Be   |
| Zφ   | Country  | Zip 23861  | Country<br>BEONARD   | Trust Fund Contribution  8. This corporation has liability for in Florida Statutes   | Added to Fees  ntangible tax under s. 199.032,  Yes No            |
| 24 255   | 9. Name and Address of Curren  |  | 1301   | 10. Name and Address of New Reg  |   |
| DOD  |  | Share or vilant  | 81 Name  | (A) trains and compass at 114m Hol   |   |
|  | GORSKI, MAREK  |  |  |  |   |
| 208 LAKE POINT DR. #207 ORLANDO PARK FL 33309                              |  |  |  | ress (P.O. Box Number is Not Acceptable)   |   |
| One  | ANDO TAIN IL 30000   |  | 83   | ······································   |   |
|  |  |  |  |  | 121 3 0 1   |
|  |  |  | 84 City  |  | FL 85 Zip Code  |
| 11. Pursuant office or agent 1 a   | to the provisions of Sections 607,050, registered agent, or both, in the Stale an familiar with, and accept the obliga | 2 and 607.1508, Florida Statu<br>of Florida. Such change was<br>ations of, Section 607.0505, F | ites, the above-named corporation authorized by the corporation of the | oration submits this statement for the pi<br>on's board of directors. I hereby accep | rpose of changing its registered<br>the appointment as registered |
| SIGNATURE  |  |  |  |  | DATE  |
| 12.  | Styrus no, typical or printed name of registered age<br>OFFICERS ANI   |  | TE: Registered Agent signature require   | ADDITIONS/CHANGES TO OFFIC   |   |
|  | D  | DELETE   | 1.1 TITLE  | ADDITIONO/OFFAIGLO TO OFFIC  | Change Addition   |
| NAME   | PODGORSKI, MAREK   |  | 1.2 NAME   |  | - , -   |
| STREET ADDRESS   | 208 LAKE POINT DR. #207  |  | 1.3 STREET ADDRESS   |  |   |
| CHY-S1-7-P   | ORLANDO PARK FL 33309  |  | 1.4 CITY~ST~ZIP  |  |   |
| TITLE  |  | DELETE   | 2.1 TITLE  |  | Change Addition   |
| NAME   |  |  | 22 NAME  |  |   |
| STREET ADDRESS   |  |  | 2.3 STREET ADDRESS   |  |   |
| CHY-\$1-70°  |  |  | 2. 4 CITY - ST - ZIP   |  |   |
| THLE   |  | DELETE   | 3.1 TITLE  |  | ☐ Change ☐ Addition   |
| NAMÉ   |  |  | 3 2 NAME   |  |   |
| STREET ADDRESS   |  |  | 3.3 STREET ADDRESS   |  |   |
| CITY-S1-72   | ļ  |  | 3.4. CITY - ST - ZIP   |  |   |
| HILE   |  | ☐ DELETE   | 4.1 TITLE  |  | Change Addition   |
| NAME   | 1  |  | 4. 2 NAME  |  |   |
| STREET ADDRESS   |  |  | 4.3 STREET ADDRESS   |  |   |
| C 11 - S1 - 71P  |  | Torier   | 4.4 CITY - ST - ZIP  |  | Charte  |
| TITLE  |  | [_] DELETE   | 5.1 TITLE  |  | Change Addition   |
| NAME<br>FRANCE LEGACINESS  |  |  | 52 NAME  |  |   |
| STREET ADORESS   |  |  | 5.3 STREET ADDRESS   |  |   |
| Dity-St-7iP<br>Title   |  | DELETE   | 5.4 CITY-ST-ZIP<br>6.1 TITLE   |  | Change Addition   |
|  |  | C Direction  | 6.2 NAME   |  | The provide The provided  |
| NAME<br>cross Fannas es  | 1  |  | 6.3 STREET ADDRESS   |  |   |
| STREET ADDAESS<br>CITY+S* ZIP  | 1  |  | 6.4 CITY - ST- ZIP   |  |   |
| 14. I do here  | Leby certify that the information supplied   | d with this filing does not qua  | lify for the exemption stated  | in Section 119.07(3)(i), Florida Statutes  | : I further certify that the                                      |
| informatio<br>Lam an c   | on indicated on this annual report or s  | upplemental annual report is<br>the receiver or trustee empo                                   | true and accurate and that<br>wered to execute this report   | my signature shall have the same legal<br>as required by Chapter 607, Florida Si     | effect as if made under oath; that                                |

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/97

**FILED** 

Apr 15 1997 8:00am

Secretary of State

954-471-5160

Daytime Phone > 0005320