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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P97000002577 (9)

FOUR STAR CLEANING SERVICE, INC.

Principal Place of Business Mailing Address 10301 NORTHWEST 42 DRIVE 10301 NORTHWEST 42 DRIVE CORAL SPRINGS FL 33065 **CORAL SPRINGS FL 33065** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/09/1997 Mailing Address 2. Principal Place of Business Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Country Zip ☐ Yes Personal Property Tax due June 30. □ No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent -AMERILAWYER CHARTERED andi -349 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 301 NW 42M Dr RA Zin Code 33065 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. President SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 Change ___ Addition **PSTD** DELETE 1.1 TITLE TITLE KLANG, RANDI J 1.2 NAME NAME 10301 NORTHWEST 42 DRIVE 1.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 City-St-7iP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZiP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS **4.3 STREET ADDRESS** 4.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

4. 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.

6.4 CITY - ST - ZIP

FILED
Mar 30 1998 8:00am
Secretary of State

