## 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

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90108 023 \*\*\*150.00

## 

DOCUMENT:	#	P970	າດດດ	0257	7
1. Corporation Name		. 0. 0		<b>U</b> _U.	•

FOUR STAR CLEANING SERVICE, INC.

Principal Place of Business

Mailing Address

10301 NORTHWEST 42 DRIVE CORAL SPRINGS FL 33065

10301 NORTHWEST 42 DRIVE CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed

01/09/1997

9 Dringin-1 Di	lace of Business	2a. Mailing Address			4. FEI Number		Δn	plied For		
<u> </u>	idde of business	F			65-0719243			Not Applicable		
21]	H -1-	26 Suite Apt # ata			03-07-13240		\$8.75 A			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee Re			
22		27								
City & State	e	City & State	_		6. Election Campaign Financing		\$5.00	- 1		
23		28			Trust Fund Contribution		Added t	o'Fees		
Zip	Country	Zip	Count	ry	<ol><li>This corporation owes the current</li></ol>	nt year Inta				
24	25	29 3	30		Personal Property Tax.		☐ Yes	No		
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New R	egistered /	Agent			
			8	1 Name				1		
	ng, randi j		<u>-</u>	2 Changa Addis	one (D.O. Poy Number in Not Accepte	nla)				
1030	11 NW 42ND DR		8	ZI Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
COR	AL SPRINGS FL 33065		8	3						
			"	]						
			8	4 City			85 Zip (	Code		
						<u> </u>	لــــ			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abo	ve-named corporation	oration submits this statement for the	ourpose of a	changing its	registered		
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	riorida. Such change was aut ons of Section 607.0505. Florid	uiorized d da Statute	y me corporanc es.	on a poard or directors, i hereby accep	me appoir	mucin do ici	giotorea		
_	m is mis that a soop and obligate	,						1		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Ag	ent signature required	d when reinstating)	DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12		
TITLE	PSTD	☐ DELETE	1.1 TITLE				Change	☐ Addition		
NAME	KLANG, RANDI J		1.2 NAMI	<sub>=</sub>						
	10301 NORTHWEST 42 DRIVE			ET ADORESS						
STREET ADDRESS	CORAL SPRINGS FL 33065									
CITY-ST-ZIP	CORAL SPRINGS FL 33003	□ 051575	1.4 CITY		10.0		Change	Addition		
TITLE		☐ DELETE	2.1 TITLE	•			☐ Change			
NAME			2.2 NAMI	<b>■</b>				J		
STREET ADDRESS			2.3 STRE	ET ADDRESS				}		
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition		
NAME 1:	A STEET CONTRACTOR AND ADDRESS.	· <del></del>	3.2 NAMI	<u> </u>						
•				ET ADDRESS						
STREET ADDRESS										
CITY-ST-ZIP		DELETE	3.4. CITY				Change	Addition		
TITLE		I'' DECE IE	4.1 TITLE							
NAME	,		4. 2 NAM	E			•			
STREET ADDRESS			4.3 STRE	ET ADDRESS				<b>,</b>		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP						
TITLE	- W 1 w 1 w	☐ DELETE	5.1 TITLE				☐ Change	☐ Addition		
NAME	of Military Winds		5.2 NAM	≣						
STREET ADDRESS	16546		5.3 STR	ET ADDRESS						
,	<u> </u>		5.4 CITY					ļ		
CITY-ST-ZIP		DELETE	6.1 TITLE				☐ Change	Addition		
, and , ,		1 1111111111111111111111111111111111111		. 1			i i Uttatiub	i imuuliuli i		

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.

6.2 NAME

6.3 STREET ADDRESS

**SIGNATURÉ** 

NAME

STREET ADDRESS