## FILED Aug 11, 1999 8:00 am Secretary of State

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

08-11-1999 90001 038 \*\*\*150.00

DOCUMENT # P97000019477

WHITE'S WINDOW CLEANING, INC.

Principal Place of Business

Mailing Address

631 LYONS RD., #12204 COCONUT CREEK FL 33063 631 LYONS RD., #12204 COCONUT CREEK FL 33063



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02/25/1997

2 Principal Di	ipal Place of Business , 2a. Mailing Address				4. FEI Number	A	pplied For
2 2660	0 NU 80 AJE 26				65-0735937	<del>     </del>	ot Applicable
	e, Apt. #, etc. Suite, Apt. #, etc.					\$8.75	Additional
27				5. Certifcate of Status Desired	1 1 7 7	tequired	
City & State City & State					6. Election Campaign Financing		May Be
23 - 1 - 20					Trust Fund Contribution	Added	to Fees
_~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			Country		8. This corporation owes the curre		
24 25 20			<u>o</u> ]		Personal Property Tax.	☐ Yes	□No
Name and Address of Current Registered Agent					10. Name and Address of New Ro	agistered Agent	
PLOTKA, EVAN B			81	Name			
C/O BARNETT & BARNARD, P.A.			82	32 Street Address (P.O. Box Number is Not Acceptable)			
			<u> </u>				
			83				
FT. LAUDERDALE FL 33316			84	City		85 Zip	Code
				,		PL	
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							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signa				it signature re		DATE	
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFF		
TITLE	DP	☐ DELETE	1.1 TITLE			<b>∀</b> Change	☐ Addition
NAME	WHITE, IAN		1.2 NAME		0/1- x2 50 A16		
STREET ADDRESS	30, 2, 3, 3, 12, 3		1.3 STREE	ADDRESS	2660 NW 80 ANE MARGATE FC 33063		Ì
CITY+ST-ZIP	COCONUT CREEK FL 33063		1.4 CITY-S	T-ZIP	MARGATE FL 35063		
TITLE		☐ DELETE	2.1 TITLE		•	☐ Change	Addition
NAME .			2.2 NAME	ì			)
STREET ADDRESS	2.3 ST		2.3 STREE	FADDRESS			ì
CITY-ST-ZIP			2.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	- 3.2 N		3.2 NAME			- <del></del>	
STREET ADDRESS	33.5		3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME -			4.2 NAME		-		
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	·		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP	( 	_	5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADORESS			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			
14 I hereby o	pertify that the information supplied will	this filing does not qualify for the	he exempt	ion stated	in Section 119.07(3)(i), Florida Statutes. I	further certify that the	information

indicated on this annual report or supplied with this timing uses not quality for the exemption stated in section 119.07(3)[i], Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 extactment with an address, with all other like empowered.

SIGNATURE:

954-757-5666