Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90067 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700026098

1. Corporation MINELLO	P'S CLEANING SERVICE IN	IC.				
Principal Place of Business Mailing Address						
51 SWEETWATER CREEK CIR OVIEDO FL 32765 51 SWEETWATER CREEK CIR OVIEDO FL 32765						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 03/17/1997
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-3435868 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State)	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Co.	Country		8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Currer		1001	Ε.		10. Name and Address of New Registered Agent
MINELLO, CHERYL L 51 SWEETWATER CREEK CIR OVIEDO FL 32765				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
				84	City	FL 85 Zip Code
affice or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was a	313TDAFIZ E I	าเท	ше спи	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE		, in the second second				required when reinstating) DATE
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ı Ager	it signature it	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVST	☐ DELETE	1.1 T	1.1 TITLE		☐ Change' ☐ Addition
NAME	MINELLO, CHERYL L		1.2 N	1.2 NAME		
STREET ADDRESS	51 SWEETWATER CREEK CIR	1.33		TREET	ADDRESS	
CITY-ST-ZIP			1.4 C	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2,1 TI	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 N	2.2 NAME		
STREET ADDRESS			2 3 S	2 3 STREET ADD		,
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 N	3.2 NAME		
STREET ADDRESS			3.3 STREE		TADDRESS	
CITY-ST-ZIP				3.4. CITY-ST		
TITLE		☐ DELETE	4.1 T	4.1 TITLE		☐ Change ☐ Addition
NAME				AME		
STREET ADDRESS			4.3 S	TREE	TADDRESS	
CITY-ST-ZIP				TY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	51 T 52 N			
NAME			52N	HWE		

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 of the receiver of postee empowered to be ecute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, dy on an attachment with an address, with all other like empowered. CITY-ST-ZIP

5 3 STREET ADDRESS

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition