Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

Yes

8/28/98(954) 481-9059

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000031546 (9) BEST WAY CLEANING, INC. Principal Place of Business Mailing Address 5910 TRIPHAMMER ROAD 5910 TRIPHAMMER ROAD LAKE WORTH FL 33483 LAKE WORTH FL 33463 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/08/1997 2. Principal Place of Business 2a. Mailing Address Suite, Apt. #, etc 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERII AWYER CHARTERED

## **FILED** Sep 09 1998 8:00am Secretary of State



AAA ALAFEMA ALEMINE						
343 ALMERIA AVENUE CORAL <b>G</b> ABLES FL 33134			82	82 Street Address (P.O. Box Number is Not Acceptable)		
OOF	NE GNOCES I E 55104		83	<b></b>		
			L			
			84	City	FL 85 Zip Code	
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 tall if applicable. (NOTE: Registered Agent signature required when reinstating).						
12.				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PŠTD	DELETE	1.1 TITLE		Change Addition	
NAME	MONTERO, LUIS A		1.2 NAME			
STREET ADDRESS	-6910 TRIPHAMMER ROAD		1.3 STREET	ADDRESS	Deerfield Beach. FL 334172	
CITY-ST-ZIP	LAKE WORTH FL 33463		1.4 CITY-\$1	-ZIP	Deerfield Renal FL 33412	
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2.4 CITY-S1	-ZiP		
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4 CITY-S1	-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S1	-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	address		
CITY-ST-ZIP			5.4 CITY-ST	-ZIP		
TITLE	-	DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS		l l	6.3 STREET	ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST			
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 an attraction of 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 an attraction of the receiver or trustee.						

(EOURI