PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000034249**1. Corporation Name

#1 CLEANING SERVICES, INC.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90094 025 ***150.00



						1291/231 710 1011 1881 0011 8811 0011 08150 1		E 0 0
Principal Place of Business Mailing Address								
2306 CUMBERLAND CIR #405 PO BOX 6732								
CLEARWATER FL 34623		CLEARWATE	CLEARWATER FL 34618			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	SFACE.	
						04/14/1997		{
		2a. Mailing	Address		•	4. FEI Number		Applied For
	ace of Business	<u> </u>	Address			59-3441736	-	Not Applicable
21	4 -4-	26 Suite A	pt. #, etc.			39 344 1730		5 Additional
Suite, Apt. :	#, etc.	 	pt. #, etc.			5. Certifcate of Status Desired		Required
22		27 City & 5	Ptoto			- Fl. (i. Oi Fii		-
City & State	· · · · · · · · · · · · · · · · · · ·	<u> </u>				6. Election Campaign Financing Trust Fund Contribution	-	May Be
23	Country	28 Zip		Country		8. This corporation owes the current year Inte		10,000
Zip	Country	— <u> </u>	30	Oounny		Personal Property Tax.	∐ Yes	□No
24	9. Name and Address of Cu	29				10. Name and Address of New Registered		
	9. Name and Address of Cur	rient registered ri	Je lli.	81	Name	(c. Italio alla)		
SOU	ZA, FRANCISCO							
18606 OSHAWA DRIVE				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	SON FL 34667			83				
TIOD	3011 1 2 34007			63				
				84	City		85 Z	ip Code
						FL		
office or re	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida, Such	change was author	rized by	the comorat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoin	changing ntment as	registered
		3						ļ
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	. (NOTE: Regis	stered Agen	t signature requir	red when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TTLE	P		☐ DELETE	1.1 TITLE			Chang	ge 🗌 Addition
NAME	SOUZA, FRANSICO			1.2 NAME				
STREET ADDRESS	18606 OSHAWA DRIVE			1.3 STREET	ADDRESS			
CITY-ST-ZIP	HUDSON FL 34667		1	1.4 CITY-ST	T-ZIP			
TITLE			☐ DELETE	2.1 TITLE			[] Chang	ge
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP			ı	2. 4 CITY-S	T-ZIP			}
TITLE				3.1 TITLE			Chan	ge
NAME -				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			,
•				3.4. CITY-S	i]
CITY-ST-ZIP TITLE				4.1 TITLE			Chan	ge 🗌 Addition
l l				4. 2 NAME				
NAME					ADDDECC			
STREET ADDRÉSS				4.3 STREET				ſ
CITY-ST-ZIP				4.4 CITY-S	1- DP		Chan	ge Addition
TITLE				5.1 TITLE 5.2 NAME				,
NAME					r vodoree			
STREET ADDRESS				5.3 STREET				1
CITY-ST-ZIP				5.4 CITY-S	1-ZIP		Ches	ge
TITLE				6.1 T/TLE			Chan	te Magigiou
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	FADDRESS			

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS