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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700052003

1. Corporatio	T CLEANING COMPANY	00_00			1 (48)(48) (58 (6)		III OBIBI ANIA NON BAN	
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Principal Plac	e of Business	Mailing Address) (08 11 08 11† 08111 00	in Color B irlo (1811 - 18 11	it anius iiii i on i
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B-105 B-105						S NOT WRITE II	NI TUIC CDACE	
TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706					3. Date Incorporated	O NOT WRITE I	N IHIS,SPACE	
					06/12/1997	or Quanted	•	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26			59-3455666		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status	Desired		Additional
22		27			G. Octanosio of State		Fee H	Required
City & Stat	te	City & State			6. Election Campaign			May Be
23		28	Cour	ntn.	Trust Fund Contrib			to Fees
Zip	Country	Zip	Cou	nuy	This corporation of Personal Property	-	ear intangible ☐ Yes	□No
24}	9. Name and Address of Curren	t Registered Agent	30		10. Name and Addre			
	9. Name and Address of Current	t Kegisteren Agent		81 Name	MICHAEL	a a	ASEK	
GOD	DDARD, FRANK W ESQ				dress (P.O. Box Number is	Not Aggartable	7720	
2959 FIRST AVENUE NORTH				82 Street Ad		· · · · · · · · · · · · · · · · · · ·	A Profession of the Contract o	
ST F	PETERSBURG FL 33713		- 1	83 4 5	151 85 TI	+ AVE	ু হৈছে ক	
			}	84 City		-	85 Zip	Code
				" C P 1	VELLAS PA	RK_	FL カ?	ケクダレー
 11. Pursuant office or r 	to the provisions of Sections 607.0507 registered agent, or both in the State am familiar with, and accept the obligat	2 and 607 1508, Florida Statut of Florida. Such change was a	tes, the at authorized	by the corpora	rporation submits this state ition's board of directors. I h	nent for the purpore accept the	e appointment as r	egistered
	am familiar With, and accept the obligat	tions of Section 607/0505, Flo	orida Statu U <i>ICL</i> F	ites. AEL '	O. PASEK	ℓ	126/99	,
agent. I a	am familiar with, and accept the obligated the control of the cont	furer p	4 (CH	MEL	ired when reinstating)		/ 66/7/ DATE	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	at and title of applicable. (NOTE	Registered 13.	AFE L Agent signature requi	O. PHIEN		ERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN	at and title if applicable. (NOTE	Registered	AFE C Agent signature requi	ired when reinstating)	GES TO OFFICE	Change	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PSTD DANILOV, ALEXANDER	at and title of applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TIT 1.2 NA	AFE C Agent signature requi	ired when reinstating)	GES TO OFFICE	ERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PSTD DANILOV, ALEXANDER 12465 2ND STREET E, #8-105	at and title of applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI	AFE C Agent signature requi	ired when reinstating)	GES TO OFFICE	Change	ORS IN 12
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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 part attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

6.4 CITY-ST-ZIP

SIGNATURE:

727-550-2222

FILED

Feb 27, 1999 8:00 am Secretary of State 02-27-1999 90008 002 ***150.00