## 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** 

## DOCUMENT # P9700053451

# May 04, 1999 8:00 am Secretary of State

05-04-1999 90053 014 \*\*\*150.00

Principal Place	SE CLEANING & LAWN SER\	/ICES INC.  Mailing Address				
P.O. BOX 657	• • • • • • • • • • • • • • • • • • • •	P.O. BOX 657				1.0
DANIA FL 33004 DANIA FL 33004				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	SPACE	
4				06/17/1997		
2. Principal Pl	lace of Business	2a. Mailing Address	C	4. FEI Number	<u> </u>	oplied For
21 221	9 Douglas St.	26 2219 Doug	185 271 ·	65-0757145		ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	<u></u>	5. Certificate of Status Desired		equired
City & State	lyword, FL	City & State  28 Holly wood	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 Added	May Be to Fees
24 (3-2/)	Country Country 25 14 SA	Zip 29 33020 3	Country	This corporation owes the current year In Personal Property Tax.	itangible	∑SNo
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent	
	LV DADBADA F		81 Name			
	LY, BARBARA E		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
2219 DOUGLAS STREET HOLLYWOOD FL 33020						
HUL	L1MOOD FE 33020		83			
	•		84 City		<b>85</b> Zip	Code
				FI		rosistarad
	to the provisions of Sections our Judge	and 607, 1506, Florida Statules	, trie above-rialited corp	poration submits this statement for the purpose of	ointment as re	raistored
office or n agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of amiliar with, and accept the obligation	t Piorida. Such chance was auti	a Statutes.	on's board of directors. I hereby accept the appo	Anti-Horiz do 7	gistered
office or r	registered agent, or both, in the State of	ons of, Section 607.0505, Florid	nonzed by the corporation and a Statutes.			
office or n agent. I a	registered agent, or both, in the State o am familiar with, and accept the obligation	f Florida. Such change was autrons of, Section 607.0505, Florid and title if applicable. (NOTE: R	a Statutes.		ND DIRECTO	DRS IN 12
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t nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. If 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.