## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000063506 (4)

KAMI'S CLEANING SERVICE, INC.

Principal Place of Business Mailing Address

**FILED** Jan 27 1998 8:00am Secretary of State



2625 4TH PALM BAY	AVENUE NORTHEAST BAY #1 FL 32905	1235 TUCKAWAY DRIV ROCKLEDGE FL 32859				DO NOT WRITE IN  3. Date Incorporated or Qualified  07/23/1997	I THIS S	PACE		
2. Principal 21	Place of Business	2e. Mailing Address 26				4. FEI Number Applied For Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & St	ate	City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Ζφ <b>29</b>	Countr 30	у		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	<ol> <li>Name and Address of Curre INDENBERGER, CHARLES J</li> </ol>	nt Registered Agent		т.	* I	10. Name and Address of New Regis	stered A	gent		
	81	81 Name								
	2625 4th avenue Northeast I Palm <b>B</b> ay fl 32 <mark>905</mark>	BAY #1	82	L	Street Addres	ss (P.O. Box Number is Not Acceptable)	)			
			83	1						
			84		City		FL	85	Zip Code	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 tile of applicable. (NOTE: Registered Agent signature required when reinstating)  DA1E										
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND	DIREC	TORS IN 12	
TITLE	D	DELET <b>E</b>	1.1 TITLE	-				Chai		
NAME	LINDENBERGER, KAMI R		1.2 NAME							
STREET ADDRESS	AAAR SHIALARAAAA BARKSI		1.3 STREET	T AD	DORESS					
CITY-ST-ZIP	ROCKLEDGE FL 32955			1.4 City-St-ZiP						
TITLE	D	☐ DELETE	2.1 TITLE			<del></del>		Char	nge Addition	
NAME	LINDENBERGER, CHARLES	J	2.2 NAME							
STREET ADDRESS	ARREST CONTRACTOR OF THE PERSON OF THE PERSO	•		2.3 STREET ADDRESS						
CITY-ST-ZIP ROCKLEDGE FL 32955			2. 4 CITY - ST - ZIP						ļ	
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STREET ADDRESS	;		5.3 STREET	r AD	)DRESS					
CITY-ST-ZIP			5.4 CITY - 9	ST - 2	ZIP				Ì	
TITLE		☐ DELETE	6.1 TITLE			****	[	Char	ige 🔲 Addition	
NAME			6.2 NAME						ļ	
STREET ADDRESS			6.3 STREET	ΓAD	ODRESS				ļ	
CITY-ST-ZIP			6.4 CITY - 5		- 1					

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 supplymental 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 regorder 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 axis ment with an address.

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