FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 MAR 20 PM 1: 05 DOCUMENT #P97000077144 SECRETARY OF STATE TALLAHASSEE. FLORIDA besional Cleaning Sources of Clando Ma ling Address Some. Principal Place of Business tocamer Cours Soutoulos DO NOT WRITE IN THIS SPACE H. 3201A 2. Principal Place of Business 2a. Mayling Address Applied For 7805 Coral Way Not Applicable 26 Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired п 60, to #114 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Zin 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 29 30 Name and Address of Corrent Registered Agent 10. Name and Address of New Registered Agent 81 onice Havino 5700 Ridge Club Loop 107 Orlando, 41. 32839-3176 82 83 84 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE mediaged and their applicable (NOTE: Registered Agent signature required when relistating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change TITLE 11 TITLE residen 1.2 NAME NAME > 107 1.3 STREET ADDRESS City - S1 - ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 2 1 1IILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY ST-ZIP 2 4 CITY- \$1-2IP ☐ DELETE THILE 3.1 1ITLE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4 1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 7(P) 4.4 CITY - ST - ZIP \*\*\*\*150.00 ####15040gig DELETE TITLE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIF DE LETÉ ... Chance Addition TITLE 6.1 TITLE

6.4 CITY - ST - ZIP 14. Thereby 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 or an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CR2E034 (10/97)