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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

NAME

STREET ADORESS

Block 12 or Block 13 if

CITY-ST-ZIP

P97000077244 (6)

AFFORDABLE CLEANING SERVICES OF CAPE CORAL, INC.

Principal Place of Business Mailing Address 2029 SE 17TH PLACE 2029 SE 17TH PLACE CAPE CORAL FL 33990 CAPE CORAL FL 33990 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/04/1997 2. Principal Place of Business 2a. Mailing Address 21 26, Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 6. Election Campaign Financing 23 26 Trust Fund Contribution to Fees Zip Country Ζip Country 8. This corporation owes or has paid the c ... will year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 STEIN, CYNTHIA 2029 SE 17TH PLACE 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33990 83 84 85 Zip Code 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 of 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, a purpose of the appointment as registered agent, a purpose of the provisions of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 1111 6 Change Addition NAME STEIN, CYNTHIA 1.2 NAME 2029 SE 17TH PLACE STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIF 1.4 City-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition ROMANO, JASPER JR NAME 2.2 NAME **2029 SE 17TH PLACE** STREET ADORESS 2.3 STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIE 2. 4 CITY - ST - 7IP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP __ DELETE TITLE 5.1 TILLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Addition

6.2 NAME

an attachment with an address

6.3 STREET ADDRESS

6.4 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 of the