

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000083919 (5)

1. Corporation Name

SYSTEM CLEANING CORP.

Principal Place of Business
12293 RIVERFALLS COURT
BOCA RATON FL 33428

Mailing Address
12293 RIVERFALLS COURT
BOCA RATON FL 33428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 12293 Riverfalls Ct.
Suite, Apt. #, etc.

22 City & State
Boca Raton, FL

23 Zip
33428

Country

2a. Mailing Address

26 P.O. Box 970608
Suite, Apt. #, etc.

27 City & State
Boca Raton, FL

28 Zip
33497

Country

3. Date Incorporated or Qualified

09/24/1997

4. FEI Number

65-0784997

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

TRUJILLO, ELISEO
12293 RIVERFALLS COURT
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name
MARIA A. TRUJILLO

82 Street Address (P.O. Box Number is Not Acceptable)
12293 Riverfalls Ct.

83

84 City
Boca Raton, FL

FL

85 Zip Code
33428

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Eliseo A. Trujillo

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/1/98

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0
TRUJILLO, ELISEO
12293 RIVERFALLS COURT
BOCA RATON FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MARIA A. TRUJILLO
12293 Riverfalls Ct.
Boca Raton, FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

Eliseo Trujillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/98

561/883-2261

CR2E034 (10/97)