## 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 # P97000096208

1. Corporation Name

VIDA CLEANING SERVICES, INC.

9544 WYOMING COURT 9544 WYOMING COURT	
BOCA RATON FL 33434 BOCA RATON FL 33434	

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90122 026 \*\*\*150.00

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Principal Place	e of Business	Mailing Address						
9544 WYOMING	COURT	9544 WYOMING COURT						
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	lace of Business	2a. Mailing Address			1 "		<b>⊢</b> ——	
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status De	esired 🗌	•	equired
22		27						<del></del>
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23	- Calliff.		Counti		Trust Fund Contributio			10 1 663
Zip	Country		_	ıy	This corporation owes     Personal Property Tax	•	mangible ☐ Yes	□No
24	9. Name and Address of Curr		<u>ol</u>		10. Name and Address of			
	9. Name and Address of Cult	ent Registered Agent	8	1 Name		, non nogram	<u></u>	
JOSI	EPH K. NOFIL, C.P.A., P.A.		L	11M	11 NOFIL			
	NORTH STATE ROAD 7		8	2 Street A	ddress (E.O. Box Humber is Not	Acceptable)	ACCT.	10.2°
	DERDALE LAKES FL 33139	•	8	3100-	10 30 10	<del>(2) 2</del>		<u>'\</u>
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	to the provisions of Sections 607.0	FOR and COZ 4500 Florido Cartidos	***	VO nomod o	pornaration submits this statemen			s registered
office or r	remistered agent or both in the Stat	te of Florida. Such change was aut	horized D	v the corpor	ration's board of directors. I herel	by accept the ap	pointment as r	egistered
agent. I a	in familiar with, and accept the obli	gations of, Section 607.0505, Florid	ia Statute	20				
	1 d 1	1.44	4	· · · ·	A = 4:3	(2170)		
SIGNATURE	MAX	Mu-	11 11	OFIL	Accounter	3129	<u> </u>	
	Signature, typedior printed name of registered a	gent and title if applicable. (NOTE: R	1( N tegistered Ag	OFIL	ACCOUNTANT quired when reinstating)  ADDITIONS/CHANGES	SIZO, BATE	AND DIRECT	ORS IN 12
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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 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 changes or on an attachment with an address, with all gither like empowered.

SIGNATURE: