## 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 # P97000098114 J 1. Corporation Name ALS TANTORIAL SCRV JANITORIAL SERVICES INC

Principal Place of Business
3270 NW 205 # 57.

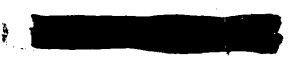
OPA LOCKA FL. 33054

Mailing Address

3270 NW 205 87. OPA GOCKA FL.3305

Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90020 032 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

22   27   5. Certificate of Status Desired   28   City & State   Trust Fund Contribution   Trust	\$8.75 A Fee Re \$5.00 Added to gible Yes gent  85 Zip C anging its ment as rec	quired May Be o Fees No Code
Suite-Apt. #, etc.  Suite-Apt. #, etc.  Suite-Apt. #, etc.  Suite-Apt. #, etc.  City & State  City & State  City & State  28  Zip  Country  Zip  Country  Zip  Country  Suite Country  Suite Country  Zip  Country  Suite Apt. #, etc.  City & State  City & State  Country  8. This corporation owes the current year Intang Personal Property Tax.  9. Name and Address of Current Registered Agent  Suite Agent  Suite Apt. #, etc.  Suite Apt. #, etc	\$8.75 A Fee Re \$5.00 Added to gible Yes yent  85 Zip C anging its ment as rec	Additional quired May Be o Fees  No  Code
Suite; Apt. #, etc.    Suite; Apt. #, etc.	\$5.00 Added to gible Yes yent  85 Zip C  anging its ment as rece	quired May Be o Fees No Code
City & State  City & State  28  Zip  Country  Zip  Country  Zip  Country  Zip  Country  30  Registered Agent  9. Name and Address of Current Registered Agent  SOLOMON  APOSTLE  TR  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  3270 NWW 205# ST.  83 PA COCKA FL. 33074  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 che 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 appointm 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 little if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  APOLICANCE LO OF FLORIDES AND	Added to gible ] Yes jent  85 Zip C anging its ment as rec	No Pees  No Code
Zip Country  Zip Country  Zip Country  8. This corporation owes the current year intang Personal Property Tax.  9. Name and Address of Current Registered Agent  SOLOMON APOSTLE TR  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  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 che 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 appointm 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 little if applicable. (NOTE: Registered Agent signature required when reinstailing)  DATE  AND FLORE CLORED CERS AND	gible Yes  yent  85 Zip C  anging Its ment as reg	1 No
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9. Name and Address of Current Registered Agent  SOLOMON APOSTLE JR.  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 APO NW 205# ST.  84 City  FL  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 che 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 appointm 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 little if applicable.  (NOTE: Registated Agent signature required when reinstalling)  DATE  AND FLORESCHANCES TO CEDICE DE ADD.	85 Zip Changing Its ment as reg	Code
SOLOMON APOSTLE TR  3270 NW 205# ST.  BYA LOCKA FL. 33057  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 che 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 appointm 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 little if applicable.  (NOTE: Registered Agent signature required when reinstailing)  DATE  AND FLORES AND FLO	85 Zip C langing Its ment as rec	registered
SOLOMON APOSTAC JAZ  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  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 che 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 appointm 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 little if applicable.  (NOTE: Registered Agent signature required when reinstailing)  DATE  AND FLORESCHANCES TO CEDICE SEARCH.	langing Its ment as rec	registered
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent agent signature requires when remaining)		
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64 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		

indicated on this andular report of supplementar annual report is not and accurate and mating signature snar have the same logal effect as it made under date; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: