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

PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Seculary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000100333 1. Corporation Name

AMAZING GRACE JANITORIAL SERVICES, INC.

Principal Place of Business 14501 NW 13th Road Mailing Address

14501 NW 13th Road

99 JUN -4 AM 9: 27

SECRETARY OF STATE TALLAHASSEE FLORIDA

Miami	, FL 33167	Miami, FL	33167		
			00107	DO NOT WRITE IN THIS SPACE.	
				3. Date Incorporated or Qualifed	Ι,
a b b b b b b b b b b	ill Capitatatata			1 January 1998 (effective dat	e)
— ე '	p	2a. Mailing Address		4. FE! Number Applied For 65 = 0800540 Not Applied For	ĺ
Suite, Apt		Suite, Apt. #, etc.			İ
	-	1		5. Certificate of Status Desired [] \$8.75 Additional + ee Required	
City & Stat	e 2	City & State			-
23	2.	rg f		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be / dded to Fees	
Zip	Country	Zıp	Country	8. This corporation owes the current year Intangib a	1
24	25	9 [3	10	Personal Property Tax Lilyes XNo	ĺ
	9. Name and Address of Current Re	gistered Agent		10. Name and Address of New Registered Agen	.]
Cliff	Ford Sanders		81 Name		1
14501	NW 13th Road		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	1
Miami					-
			83		
			84 City	85 Zip Code	1
				FL	_
office or t	egistered agent, or both, in the State of Fig	arida. Suich channa uras autt	horized by the corneration	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	1
agent. I a	m familiar with, and accept the obligations	of, Section 607.0505, Floric	ia Statutes.	the tay of tay of the tay of tay of the tay of tay	
SIGNATURE	Cliffond some	<u> </u>			
12.	Signature Type of printed name of registered agent and to OFFICERS AND DI	the same of the sa	log sterë i Agerit signafurei require 13.	DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1 5
TITLE	DPT	[DELETE	1.5 TITLE	[Change [] Addition	
NAME	Clifford Sanders		1.2 NAME	[] sur gr [[] region .	
STREET ADDRESS	14501 NW 13th Road		13 STREET ADORESS		8
CITY-ST-ZIP	Miami, FL 33167		14 CITY-ST-Zii		3
TITLE	DVS	[]DELETE	21Tifle	[] Change [] Addition	
NAME:	Grace Sanders		2.2 NAME		1
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33167		2 4 CITY-ST-ZIP		1
TITLE)	[DELETE	31 TiTUE	[Change [] Addition	1
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	erencee	1
CITY-ST-ZIP			34 CITY-ST-ZIP		.]
TITLE		DELETE	41 TITLE	[_ Change[] Addition	
NAME			4 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP		The second second second second second	4.4 CiTY+ST+ZiP	· · · · · · · · · · · · · · · · · · ·	-
TITLE		C) DELETE	51 TITLE	[Change [Addition	
NAME			52 NAME		
STREET ADDRESS			5 3 STREE I ADDRESS		1
City-ST-ZiP		Electro	5.4 CITY - \$1 - ZIP	0000028955201	
TITLE		DELETE		- 0000020955207751 -06/04/9901085009	1
NAME			62 NAME	****150.00 ****150.00	ì
STREET ADDRESS			63 STREET ADDRESS		
CITY.ST ZIP			6.4 CITY+ST-ZIP		1

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 cath, 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 rame appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

(305) 688-6194- 17

B. BROOK JUN 7 1999