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

PROFIT CORPORATION ANNUAL REPORT

1998



FILED Mar 23 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS

	MENT # P9700 CLEANING, INC.	0107864 (5)		
Dain aire at Diago		Maliforn Adalasas	·	<u> </u> 1	H
Principal Place of Business 707 N. LOXAHATCHEE DRIVE JUPITER FL 33458-5017 Mailing Address 707 N. LOXAHATCHEE D JUPITER FL 33458-5017				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 12/22/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied	For
21		26		(5-08-020) Not App	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Addition	
City & Stat	lo	City & State		Fee Required	
23		28		6. Election Campaign Financing \$5.00 May to Trust Fund Contribution Added to Fee	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangib	
24	25	29	30	Personal Property Tax due June 30. Yes No	ľ
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
	llis, zita s		81 Name		
707 N. LOXAHATCHEE DRIVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
JU	IPITER FL 33458-5017				
			83		
			84 City	85 Zip Code	
44 Durana	to the provisions of Sections 607.05	Officerd CO7 1500 Florido State	don the share pared core	FL 1	atarad
office or r	registered agent, or both, in the State	e of Florida. Such change was	authorized by the corporal	poration submits this statement for the purpose of changing its regis- tion's board of directors. I hereby accept the appointment as regist	stereo :ered
agent la	am familiar with, and accept the oblig	gations of, Section 607,0505, F	lorida Statutes.		
SIGNATURE	Signature, typied or printed name of registered ag	and file if annicable (Alf	OTE: Registered Agent signature requi	red when reinstating) DATE	
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	D	DELETE	1.1 TITLE		Addition
NAME	WILLIS, ZITA S		1.2 NAME		
STREET ADDRESS	707 N. LOXAHATCHEE DRIV	Έ	1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458-5017		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE	☐ Change ☐	Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change	Addition
				Change C.	TOURIUM
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE	☐ Change ☐ /	Addition
NAME			5.2 NAME		,
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DÉLETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied v	with this filing does not qualify	for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the inform	nation
officer or Block 12	on this annual report or supplement director of the corporation or the rec or Block 13 if changed, or on an atte	ar annual report is true and acceiver or trustee empowered to action ent with an address.	curate and that my signatu o execute this report as req	re shall have the same legal effect as if made under oath; that I am uired by Chapter 607, Florida Statutes; and that my name appears	in i