## 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 # P9800000156 1. Corporation Name

SOS CLEANING SERVICE, INC.

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90055 024 \*\*\*150.00



Principal Place of Business Mailing Address							-   1004/804 110 18101 10111 06111 00131 00311 00131 003		1   1   1   1   1   1   1   1   1   1
2546 CORAL WA	2546 CORAL WAY W	ORAL WAY W							
DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							12/31/1997		
. 2. Principal Place of Business 2a. Mailing Address							4. FEI Number	Apr	olied For
21		26	]				59-3484043	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>				5. Certificate of Status Desired	<b>\$8.75</b> A	<b>I</b>
22		27 Ciby 8 State					S. D. W. C. Landing		
City & State	9	City & State	<del></del>				6. Election Campaign Financing Trust Fund Contribution	\$5.00 ( Added to	
Zip	Country	Zip	Zip Country				8. This corporation owes the current year Intar		
24	25	29	30						□No
24	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered A	gent	
				81	Nan	ne			
SOSTARICH, JOHN F				82	Stre	et Addre	tress (P.O. Box Number is Not Acceptable)		
2546 CORAL WAY W									<del></del>
DAY	TONA BEACH FL 32118			83					
				84	City		FL	85 Zip C	ode
11.5	4- th	02 and 607 1509 Florida Stat	tutos the a	bove	e nam	ed corpo		hanging its	registered
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									gistered
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, F	-ionda Stat	utes	i.				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NC	TE. Registered	1 Agen	nt signat	ire required	when reinstating) DATE		
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	☐ DELETE	1.1 TI	TLE				☐ Change	☐ Addition
NAME	SOSTARICH, JOHN F		1.2 N	AME					Ì
STREET ADDRESS	2546 CORAL WAY W		TREE	T ADDRE	ESS				
CITY-ST-ZIP	TITOTAL OBJECT TE			T-ZIP	_	<u></u>	Change	☐ Addition	
TITLE	D	☐ DELETE	2.1 TI	2.1 TITLE				☐ Change	☐ Addition
NAME	SOSTARICH, SHEILA M			2.2 NAME		i			
STREET ADDRESS	2545 COLULE WAY				TADDRE	:SS			
CITY-ST-ZIP	5/11/0/12/ 55/10/			ST-ZIP	+		Change	Addition	
TITLE		_ <b>_</b>		AME					
NAME					T ADDRE	:55			
STREET ADDRESS					ST-ZIP				
CITY-ST-ZIP TITLE		DELETE	4.1 TI		31-21			Change	☐ Addition
NAME		***	4.21	AME					
STREET ADDRESS			4.3 S	TREE	T ADDRI	ESS			
CITY-ST-ZIP			4.4 C	πy-s	ST-ZIP				
TITLE		☐ DELETE	5.1 T					☐ Change	☐ Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREE	TADDRI	ESS			
CITY-ST-ZIP					T-ZIP				
TITLE		☐ DELETE	6.1 T					☐ Change	Addition \
NAME			6.2 N						
STREET ADDRESS			6.3 S	TREE	T ADDRI	ESS			<b>\</b>

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 other like empowered.

SIGNATURE:

Sheila Sostarich 3/11/99 904-761-6736