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PROFIT . CORPÓRATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000001503

QUALITY EXPRESS JANITORIAL SERVICES, INC.

FILED 99 FEB 25 PM 2: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

		7834 PARK WEST OR AI GLEN BURRIE MD 21061	PT, 104	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			_
1				1		•	L
2. Principal	Place of Business	2s. Mailing Address	<del></del>	01/07/1998 4. FEI Number	T. 7 A.	oplied For	1
21	·	26		52-2060607		ot Applicable	1 5
Suite, Ap	t.#. etc	Suite, Apt. #, etc.		102 200 201		Additional	13
22		27		5. Certificate of Status Desired 📮		equired .	Ι`
City & Sta	ulo	City & State		6. Election Campaign Financing		May Bo	1
23		28		Trust Fund Contribution		May Bo lo Fees	1
Zip	Country	Zip	Country	8. This corporation owes the current year in	_		1
24	25	29	30	Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent		1
	5 J 43 A	F. R. a. \$15.4 (1)	81 Name				ļ
ON HO	LDER, JOHN	1.000 800 000	B2 Street Add	drass (P.O. Box Number is Not Acceptable)	-	<del>_</del>	ł
1 (CC-17 <b>639</b>	CORNELL ST. SE	and Velicia Bridge	Jan Contract	tales (F.O. DOX Hallion is 1001 PAZZEGAR)			L
PAL	JM BAY FL 32909		83		34 O. V.	接触 海绵	1
ĺ			84 City	# 4 (3) - 5 (4 ) 4   2 (4 ) 5 (5 ) 5 (7 ) 5 (7 ) 6 (8 ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip (	14.22 45 54	ł
			SA CRY	FL	_ [83] 245	Code	1
Pursuen	to the provisions of Sections 607.050	22 and 607.1508, Florida Statu	tes, the above-named cor	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing its	registered	1
agent.	registered agent, or both, in the State am familiar with, and social the obligs	i of Florida: Such change was i stions of, Section 607,0505, Fil	authorized by the corporat orida Statutes.	lion's board of directors. I hereby accept the appo	intment as re	gistered	
SIGNATURE			•				l
	Signature, typed or printed name of registered age	nt and tille if applicable. (NOT	E: Registered Agent signature requir	red when remaining)**** DATE		<del></del>	1.
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12.	<del></del>	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A			ĝ
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TITLE  STREET ADDRESS  CITY-ST-ZP  TITLE  STREET ADDRESS  CITY-ST-ZP  TITLE  MARE:  STREET ADDRESS  CITY-ST-ZP  TITLE	PT JAMES, SHEILA 7834 PARK WEST DR., APT. 1: GLEN BURNIE MD 21061 V BONDHILL, SHARON 642 HALLMARK DR., APT. 204 GLEN BURNIE MD 21081	DELETE  DELETE	13.  13 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZP 31 TITLE 32 NAME 33 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition  Addition	(90) 147, 15001000
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eby 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 steed 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 or 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 12 of Block 13 if changed, or on an attachment with an address, with all other like empowered.

Partition of the

The state of the second second