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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 # P9800003322

1. Corporation Name

FOUR POINT CLEANING SERVICES, INC.

Principal Place of Business Mailing Address						
1871 N.W. 58TH SUNRISE FL 333	TERRACE APT. 1 313	1871 N.W. 58TH TERRACE APT. 1 Sunrise Fl 33313				
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 01/09/1998
2 Principal PI	ace of Business •	2a. Mailing Add	dress			4. FEI Number Applied For
	ace of Dushiess	H .	26			5-0804583 Not Applicable
Suite, Apt. :	# etc		Suite, Apt. #, etc.			\$8.75 Additional
22	.,, 5.6.		27			5. Certificate of Status Desired Fee Required
City & State	9		City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Intangible
24 25		29	29 30			Personal Property Tax. ☐ Yes ☐ No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
				81	Name	i
MOGBO, CHUCK			82	Street /	Address (P.O. Box Number is Not Acceptable)	
	N. STATE ROAD 7		<u> </u>			
	E 124			83		
LAU	DERHILL FL 33313			84	City	85 Zip Code
				-	'	FL []
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such cha ations of, Section 607	inge was authorize 7.0505, Florida Sta	tutes	tne corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered ag-				nt signature re	equired when reinstating) DATE ADDITION OF THE PROPERTY OF T
12.		ND DIRECTORS	13. DELETE 1.11	TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	U				
NAME	WILLIAMS, KIRKPATRICK	OT 4		MAME		
STREET ADDRESS	1871 N.W. 58TH TERRACE A	PI. I			TADDRESS	
City-St-ZiP			CITY-S	iT-ZIP	☐ Change ☐ Addition	
TITLE	<u> </u>				- Similar	
NAME	WILLIAMS, SHERON	DT 4		NAME		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33313 2.40 ☐ DELETE 3.17			ST-ZIP	☐ Change ☐ Addition	
TITLE		Ц				
NAME				NAME		
STREET ADDRESS					TADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition	
TITLE		U		4.1 IIILE 4.2 NAME		
NAME			B			
STREET ADDRESS			l l		T ADDRESS	
CITY-ST-ZIP			CITY-S TITLE	51-ZIP	☐ Change ☐ Addition	
TITLE		C	I	NAME		
NAME					T ADDRESS	
STREET ADDRESS				CITY-S		
CITY-ST-ZIP.				TITLE	71 - ZH	☐ Change ☐ Addition
TITLE		ں	DELET-C	NAME		
NAME ~ .	l		U.L.			

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 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 changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS