


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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90036 043 ***150.00

15000037

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P98000016399

1. Corporation Name
LAUSTE CLEANING, INC.



Principal Place of Business 994 CARROLL ST. STE #5 KISSIMMEE FL 34744	Mailing Address 994 CARROLL ST. STE #5 KISSIMMEE FL 34744
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 994 CARROLL ST Suite, Apt. #, etc. 22 STE # 7 City & State 23 KISSIMMEE, FL Zip 24 34744-1422		2a. Mailing Address 26 994 CARROLL ST Suite, Apt. #, etc. 27 STE # 7 City & State 28 KISSIMMEE, FL Zip 29 34744-1422		3. Date Incorporated or Qualified 02/19/1998		4. FEI Number 59-3503323		Applied For Not Applicable	
25 USA		30 USA		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

SAVINON, ENRIQUE
145 POINSETTIA DR
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent

81 Name **ANA J. SAVINON**
 82 Street Address (O. Box Number is Not Acceptable)
145 POINSETTIA DR
 83
 84 City **KISSIMMEE** FL 85 Zip Code **34743**

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 agent. I am familiar with; and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Ana J. Savinon* **ANA J. SAVINON** 01/27/1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SAVINON, ENRIQUE
STREET ADDRESS	145 POINSETTIA DR
CITY-ST-ZIP	KISSIMMEE FL 34743
TITLE	D <input type="checkbox"/> DELETE
NAME	SAVINON, ANA
STREET ADDRESS	145 POINSETTIA DR
CITY-ST-ZIP	KISSIMMEE FL 34743
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAVINON, ANA J.
2.3 STREET ADDRESS	145 POINSETTIA DR
2.4 CITY-ST-ZIP	KISSIMMEE, FL 34743
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: *Ana J. Savinon* **ANA J. SAVINON** 01/27/1999 407-870-0505
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/98)