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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

]	
Principal Place of Business	Mailing Address
928 SE 15TH ST	928 SE 15TH ST
CAPE CORAL FL 33990	CAPE CORAL FL 33990

Feb 26, 1999 8:00 am Secretary of State 02-26-1999 90018 007 ***150.00

	1999 DIVISION OF CORPORATIONS						02-26-1999 90018 007 ***150.00					
	MENT # P9800	000189	991									
	AL PALM COMMERCIAL (CLEANING	INC									
INOCIO	AL PALIST COMMUNICATIONAL	ULLAINING,	IIIO,					111	; 	OKUA ORMAN BOKON	H ar i Fahi a (8 86)	KATAN KANTANTA
Principal Place	e of Business	Mailing	g Address					[] [DANGUE II ON TOURI INIUT BOUAL O İ	E:11 E E111 E E1E1	11881 1818 19118	LMTAL TIME TORS
928 SE 15TH S	T .		15TH ST									
CAPE CORAL F	FL 33990	CAPE (CORAL FL 33990						DO NOT WR	ITE IN THIS	SPACE	
								3. Date Inc	corporated or Qualifec			
								02/26/	1998			
2. Principal P	lace of Business	2a. Ma	ailing Address					4. FEI Nun				plied For
21		26					-	45	-08153	57		t Applicable
Suite, Apt.	#, etc.		iite, Apt. #, etc.					5. Certifcal	e of Status Desired		\$8.75 A Fee Re	
City & Stat		27 Cit	ty & State					6 Election	Campaign Financing		\$5.00	
23	C	28	ty a otate						nd Contribution		Added to	• 1
Zip	Country	Zip)	Cou	intry			8. This cor	poration owes the cur	rent year Int	angible	
24	25	29		30					Property Tax.			□No
	9. Name and Address of Cu	rrent Registere	ed Agent		041	A 1		10. Name a	nd Address of New	Registered	Agent	
חבם	OUEN, SHELLY A				81	Name			i 1			
	COLONIAL BLVD				82	Street	Addres	s (P.O. Box I	Number is Not Accept	table)		
	T MYERS FL 33907				83				1		_	
, 5,,									!		<u> </u>	
					84	City			1	FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1	1508, Florida Statu	ites, the a	pove	-named	corpor	ation submits	this statement for the	e purpose of	changing its	registered
office or r	to the provisions of Sections our egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida S	Such change was :	authorized	יעם נ	the corbo	oration	's board of di	rectors. I hereby acce	ept the appo	ntment as reç	Jistered
SIGNATURE	·	_							1			
	Signature, typed or printed name of registered				Agen	t signature r	equired w	her reinstating)	I NS/CHANGES TO O	DATE ECICERS AN	ID DIRECTO	PS IN 12
12.	PTD	AND DIRECTO	DRS DELETE	13.	ΠF		P	DADDITIO	INS/CHANGES TO O	FICENS A	Change	Addition
TITLE NAME	BURROWS, IRENÉ			1.2 N			BU	RROW	S. IRENE			
STREET ADDRESS:	05 4551 05					ADDRESS	92	8 S.E.	S, IRENE 15th Stre	Et		
CITY-ST-ZIP	CAPE CORAL FL 33990			1.4 CI	TY-ST	Γ-Z¦P	CA	HE CO	RAL, FL 3	3990		
TITLE	VSD		☐ DELETE	2.1 TI	TLE			D	1	•	Change	☐ Addition
NAME	SOBOTA, EDWARD			2.2 N	AME		S	abota	Edward 15th Sta	بل		
STREET ADDRESS	928 SE 15TH ST			2.3 \$	TREET	ADDRESS	92	18 S.E	154 STR	267 2000		
CITY-ST-ZIP	CAPE CORAL FL 33990				ITY-S	T-ZIP			eal, PL 3	377 0	Change	ddition
TITLE			☐ DELETE	3.1 TI			T:))	To Feliv	. •	Change	- Aucinoii
NAME				3.2 N		ADDRESS	<u>ح</u> م	a c c	15th Street	=+		
STREET ADDRESS					ITY-S	1	6	APE CO	JR., FElix 15th Street RAL, FL	33990		
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TI		1-217	<u> </u>				Change	Addition
NAME				4. 2 N					•			.
STREET ADDRESS				4.3 S	TREET	ADDRESS			1			·
CITY-ST-ZIP				4.4 C	ITY-ST	r- <u>zip</u>						
TITLE			☐ DELETE	5.1 TI					1	•	☐ Change	☐ Addition
NAME				5.2 N					•			
STREET-ADDRESS						ADDRESS				•		
CITY-ST-ZIP			☐ DELETE	6.1 TI	ITY-ST	1-ZIP			1		☐ Change	Addition
TITLE				6.2 N					,	_		_
NAME STREET ADDRESS						ADORESS			į			
STREET ADDRESS CITY-ST-ZIP					ITY-ST							(
	i											

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.