

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000023312

1. Corporation Name  
INEZ CLEANING INC.

Principal Place of Business  
1463 W 25TH  
JACKSONVILLE FL 32209

Mailing Address  
1463 W 25TH  
JACKSONVILLE FL 32209

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc. home (same as above)	26. Suite, Apt. #, etc. same as above
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

JOHNSON, FRED  
1463 W 25TH  
JACKSONVILLE FL 32209

81. Name	Same
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	

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 Fred Johnson  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent must be a resident of Florida.)

12. OFFICERS AND DIRECTORS

TITLE	12. OFFICERS AND DIRECTORS
NAME	[ ] DELETE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	[ ] Change [ ] Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	[ ] Change [ ] Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	[ ] Change [ ] Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	[ ] Change [ ] Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	[ ] Change [ ] Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	03/11/1998
4. FEI Number	59-344749
5. Certificate of Status Desired	Applied For Not Applicable
6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
7. This corporation owes the current year Intangible Personal Property Tax	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax	[ ] Yes [X] No
10. Name and Address of New Registered Agent	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

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