**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90149 046 \*\*\*150.00

## DOCUMENT # P98000028025

1. Corporation Name

ANNETTI	e's Cleaning Service, II	NC.						
Principal Place	of Business	Mailing Address				i imbilmēs ten antie inter antie antie antie antie antie	1400 total 2014	I SIMALI ALIU IMBI
1458 DAVIS DRIVE     1458 DAVIS DRIVE       FT MYERS FL 33918     FT MYERS FL 33918						DO NOT WRITE IN JHIS	SPACE	
			_			3. Date Incorporated or Qualifed 03/25/1998		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Ar	oplied For
21 26						65-0824619	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22						5. Certifcate of Status Desired	\$8.75 / Fee Re	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
28						Trust Fund Contribution	Added	
Zip Country Zip 23 39/9			Country 30			This corporation owes the current year In Personal Property Tax.	Yes	Ĉ\$No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered	Agent	
			81	ī N	Name			,
OLIVER, ANNETTE 1458 DAVIS DRIVE			82	2 8	Street Addres	ss (P.O. Box Number is Not Acceptable)		
FT MYERS FL 33918			83	3		and the second s		
			84	4 0	City		85 <u>Zip</u>	Code 30/9
						FI		
11. Pursuant to office or re agent. Lat	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	22 and 607,1508, Florida Statutes of Florida. Such change was autitions of, Section 607,0505, Florid	the abou horized by da Statute:	ve-na y the s.	amed_corpor corporation	ration submits this statement for the purpose of some statement for the purpose of some statement for the purpose of some statement for the purpose of the some statement for the purpose of the some statement for the purpose of the source of	intment as re	egistered
SIGNATURE	Signature, typed or printed name of registered age				gnature required v	when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	DELETE 1.1		1.1 TITLE			Change	☐ Addition
NAME	OLIVER, ANNETTE	1.21						
STREET ADDRESS	1458 DAVIS DRIVE 138		1.3 STREE	1.3 STREET ADDRESS		500 0		
CITY-ST-ZIP			1.4 CITY-	1.4 CITY-ST-ZIP				
TITLE	OLIVER, GARY 221		2.1 TITLE	2.1 TITLE 2.2 NAME			Change	☐ Addition
NAME			2.2 NAME					,
STREET ADDRESS			2.3 STREE	2.3 STREET ADDRESS		D 20 .0		
CITY-ST-ZIP			2. 4 CITY-	2. 4 CITY-ST-ZIP		339/9	<u></u>	
TITLE		☐ DELETE	3.1 TITLE			,	Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					ĺ
CITY-ST-ZIP				3.4. CITY-ST-ZIP			Change	Addition
TITLE NAME			4.2 NAME					
			4.3 STREE		DRESS	~		i
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-					
TITLE	<del></del>	☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ETAD	ORESS	·		
CITY-ST-ZIP			54 CITY-	54 CITY-ST-ZIP			_	
TITLE	· DELETE 6:		6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME	E				i
PTDEET ADODESS			6.3 STREE	ET AD	ORESS			į

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.

6.4 CITY-ST-ZIP

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR