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

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90108 015 ***150.00

DOCUMENT #	P98000037817
Corporation Name	. 0000000.011

MICHAE	l L. Daley's Cleaning Si	ERVICE INC.					
Principal Place	e of Business	Mailing Address			C EMELLODE LIA IAIRE LALL ABLEE ANIEL ANIEL PRIZE AR	au ittit i ana t ia	itat tilkt tagt teat
8955 NE 2ND /	AVE	8955 NE 2ND AVE					
#3 #3			DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE			
EL PORTAL FL 33138 EL PORTAL FL 33138			3. Date Incorporated or Qualified				
					04/27/1998		
2. Principal Place of Business 2a. Mailing Address						Applied For	
21 34 19	5.5W 48# AVE				65-0829130		Not Applicable
-	uite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
22		City & State					
_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City & State City & State City & State				6. Election Campaign Financing Trust Fund Contribution		May Be ed to Fees
23 HO(Country	Zip	Country		This corporation owes the current year		
24 33 C		29 30	- ·		Personal Property Tax.	Yes	⊠No
(4) 62-0	9. Name and Address of Current	_ 	' ———		10. Name and Address of New Registere	d Agent	
	710117 0110 7100 01		81	Name			
TAY	LOR, MICHAEL		20	04	(D.O. Bay Number is Not Accordable)		
2040	01 NW 2ND AVE		82	Street Add	ress (P.O. Box Number is Not Acceptable)		1
STE	203		83				
MIAI	MI FL 33169					10.5	- Codo
			84	City	F	L 85 Z	ip Code
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN		gistered Agen	t signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
12.		DELETE	1.1 TITLE	Т	7120.110)10/10/10/10/10	Chang	
TITLE	PD PALEY MICHAEL 1	<u>_</u>	1.2 NAME				_
NAME	DALEY, MICHAEL L 8955 NE 2ND AVE, #3		1.3 STREET ADDRESS				
STREET ADDRESS	EL PORTAL FL 33138		1.4 CITY-ST-ZIP				
TITLE	LE FORTAL LE SOUGO	☐ DELETE	2.1 TITLE			Chang	ge Addition
NAME			2.2 NAME				ľ
STREET ADDRESS		•	2.3 STREET ADDRESS				l.
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Chang	ge 🔲 Addition
NAME			. 3.2 NAME				
STREET ADDRESS]		3.3 STREET	ADDRESS			ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP			F7.61	no
TITLE		☐ DELETE	4.1 TITLE			Chang	ge
NAME	[4. 2 NAME				[
STREET ADDRESS	1		4.3 STREET ADDRESS				
CITY-ST-ZIP		□ pri Err	4.4 CTTY-ST-ZIP			Chan	ge Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			Civilan	a- C. Lagridon
NAME	{		2	ADDRESS			}
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				
CITY-ST-ZIP	}	☐ DELETE	6.1 TITLE			☐ Chang	ge Addition
TITLE	1		6.2 NAME				_ =
NAME			6.3 STREE	ADDRESS			-
STREET ADDRESS	1		•				
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			1

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:

ATORNEY-IN-FACT

4/30/99 305-652-0388

CR2E034 (11/98)

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