


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90138 039 ***150.00

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

DOCUMENT # P98000038730

1. Corporation Name

BUSY BEE CLEANING SERVICE, INC.

Principal Place of Business

~~2198 MAIN STREET~~
~~SARASOTA FL 34237~~

Mailing Address

~~2198 MAIN STREET~~
~~SARASOTA FL 34237~~


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3912 SW CEITUS PKWY		26 3912 SW CEITUS PKWY		04/29/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-083585	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 CAPE CORAL FL		28 CAPE CORAL FL		5.6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33991 LEE		29 33991 LEE		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JAENSCH, P. CHRISTOPHER				81 Name DONALD L. PAYNE	
2198 MAIN STREET				82 Street Address (P.O. Box Number is Not Acceptable) 3515 DEL PRADO BLVD SUITE 107	
SARASOTA FL 34237				83	
no longer Reg. Agent				84 City CAPE CORAL FL 85 Zip Code 33904	

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

Signature, typed or printed name of registered agent and title if applicable.

Donald L. Payne

04-07-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME D		1.2 NAME NOWAK THOMAS	
STREET ADDRESS EICHENSTORN 6		1.3 STREET ADDRESS HANS HOFER STR 18	
CITY-ST-ZIP 90587 VEITSBRONN, GERMANY		1.4 CITY-ST-ZIP 91126 SCHWABACH, GERMANY	
2.1 TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-99 (941) 282-9528

Date

Daytime Phone #

CR2E034 (11/98)