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

DOCUMENT # P98000041091

1. Corporation Name

D & S CLEANING SERVICE OF CENTRAL FLORIDA, INC.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90006 044 ***150.00

Principal Place of Business Mailing Address						16)ii Zain sann a	(88) 1(81) 98 (19)	19191 (16) (68)
367 E MARVIN AVE. 367 E MARVIN AVE.								
LONGWOOD FL		LONGWOOD FL 32750				DO NOT WRITE IN THIS SPACE		
							SPACE	
					3. Date Incorporated or Qualife	a		
		A 44-11' A 44		 -	05/06/1998 4. FELNumber			plied For
2. Principal Place of Business 21. 302- E. LAKE AUE 26. 302- E. LAKE			KE ALE		59-3514399		<u> </u>	t Applicable
21 0	<u> </u>	26 302- E. 265 Suite, Apt. #, etc.	<u> </u>	7900	07 0014077		\$8.75 A	
T WIGHT			•		5. Certificate of Status Desired		Fee Re	1
22					6. Election Campaign Financing		\$5.00	May Re
23 Lon 6	- <i>- - - - - - - - - -</i>	28 LONGWOOD.	FLO	しょわめ	Trust Fund Contribution		Added to	,
Zip	Country	Zip	Country		8 This corporation owes the cu	rrent year Inta	angible	
⋥ <i>~327</i>	50 05 SEMINALE	29 32750 30	SEM	MOZE	Personal Property Tax.	·		25mg
24 00-1	9. Name and Address of Current			-	10. Name and Address of New	Registered /	\gent	
			81	Name 4	STNGH GOWC	HAN	/)
SINGH, GOWCHAN				Street Ac	ddress (P.O. Box Number is Not Accep	<u></u>		
367 E MARVIN AVE.				Stieet At				•
LONGWOOD FL 32750			83	305	E. LAKE AL	15-	_	_
			124	000		<u> </u>	85 Zip C	
1 1, 11	ing and they give as		84	City	ontwood.	FL	32	250
			the abov	e-named co	orporation submits this statement for the	ie purpose of	changing its	registered
office or r	egistered agent, or both; in the State o m familiar with, and accept the obligati	r Finnaa: Such change was auu	iorizea by	THE COLDOR	ation's board of directors. I hereby acc	ept the appoin	itment as rec	gistered
	Im lamiliar with, and accept the obligation	Sister, Social Office Social Front	o Clarato	•	1.	195 19	9 -	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature req	uired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO C	OFFICERS AN		
TITLE	DP	☐ DELETE	1.1 TITLE				Change	Addition
NAME	SINGH, GOWCHAN 1.2 NA		1.2 NAME	ì	- 101 -	سرمر د بر		j
STREET ADDRESS	367 E MARVIN AVE.	:	1.3 STREE	TADDRESS	302 - E. LAKE	.1400	327	250
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CITY-S	T-ZIP	302-E. LAKE LONGWOOD FL	OKIUA		250
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STREET ADDRESS			2.3 STREE	T ADDRESS				_
CITY-ST-ZIP		•	2. 4 CITY-	ST-ZIP				
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STREET ADDRESS			4.3 STREE	TADORESS				į
CITY-ST-ZIP			4.4 CITY- S	1				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS	}		5.3 STREE	TADDRESS				
			5.4 CITY-9	it-ZIP				ļ
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME		_	6.2 NAME					ĺ
STREET ANDRESS	1		63 STREE	TADDRESS				

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:

STREET ADDRESS

CITY-ST-ZIP

QUIRED