

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 04, 1999 8:00 am
Secretary of State

05-04-1999 90111 026 ***158.75

DOCUMENT # P98000059941

1. Corporation Name

ALL INCLUSIVE CLEANING, INC.

Principal Place of Business

Mailing Address

90 N. TRIPLETT LAKE DR.
CASSELBERRY FL 32707

P.O. BOX 521422
LONGWOOD FL 32752

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1998

4. FEI Number

59-3519918

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

X

Yes

□ No

2. Principal Place of Business

2a. Mailing Address

21 604 SAVAGE COURT
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

23 LONGWOOD, FL

24 Zip 32750 25 Country

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CHOU, HONG K
90 N. TRIPLETT LAKE DR.
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name

YAN ZOLOTAREVSKIY

82 Street Address (P.O. Box Number is Not Acceptable)

15 WELLSTREAM LANE

83

84 City

PALM COAST FL

85 Zip Code

32164

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

Yan Zolotarevskiy

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-99

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	CHOU, HONG K	
STREET ADDRESS	90 N. TRIPLETT LAKE DR.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
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		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	Change	Addition
1.2 NAME	YAN ZOLOTAREVSKIY		
1.3 STREET ADDRESS	15 WELLSTREAM LANE		
1.4 CITY-ST-ZIP	PALM COAST, FL 32164		
2.1 TITLE	DIRECTOR	Change	Addition
2.2 NAME	OLGA ZOLOTAREVSKAYA		
2.3 STREET ADDRESS	15 WELLSTREAM LANE		
2.4 CITY-ST-ZIP	PALM COAST, FL 32164		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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:

Yan Zolotarevskiy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1999

Date

Daytime Phone #

CR2E034 (11/98)