FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

22



FLORIDA DEPARIMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90049 013 ***150.00

	ini (ati) Ta ili Caili 1	ini dana ini da	

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DOCUMENT #	P98000064462
Corporation Name	. 0000000 . 10=

HI-TECH CLEANING SERVICES, INC. Mailing Address Principal Place of Business 2030 NW 119TH ST., STE, 1223 2030 NW 119TH ST..STE.1223 MIAMI FL 33167 MIAMI FL 33167 2. Principal Place of Business 2a. Mailing Address 26 21 Suite, Apt. #, etc. Suite, Ap . #, etc.

27

City & State City & State 23 28 Zip Count y 30 24 29 25 9. Name and Address of Current Registered Agent KING, JEFFERY W

2030 NW 119TH ST., STE. 1223 MIAMI FL 33167

Country 8. This corporation owes the current year Ir tangible **E**INo ☐ Yes Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 83 Zip Ccde 85 84 City

3. Date Incorporated or Qualifed

105-08

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

07/20/1998 4. FEI Number

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 or Florida. Such change was suthorized 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, Fk rida Statutes.							
SIGNATURE	Jeffen Fel. Lim	NOT O	California de Caracteria de Ca	when reinstating) 14 APR, 99			
12.	Signature, typed or printed that of registered agent and OFFICERS AND DI		positioned Agent signature required when reinstating) 13. ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS IN 12 1.1 TITLE Change Addition				
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change	Addition -		
NAME	KING, JEFFERY W		1.2 NAME				
STREET ADDRESS	AAAA BRAL 44ATIL OT OTE 4AAA		1.3 STREET ADDRESS		7000		
CITY-ST-ZIP	MIAMI FL 33167		1.4 CITY-ST-ZIP_				
TITLE		☐ DELETE	2.1 TITLE	☐ Change	Addition		
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	l		2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	Change	Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	☐ Change	Addition		
NAME			52 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		<u></u>	54 CITY-ST-ZIP				
TITLE	}	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
	I .		C 4 OFFICE OT TIP				

14. There by certify that the information supplied with this filing does not qualify or 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: QUAL

14 APR. 99 305 769-2759