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 # P98000079831 1. Corporation Name

CRYSTAL CLEAR CLEANING SERVICE, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90263 047 ***150.00



Principal Place of Business Mailing Address					1 (8) (8)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1473 COVE LANDING DR ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233					DO NOT WRITE IN	N THIS SPACE	
					3. Date Incorporated or Qualifed		
					09/10/1998		
Principal Place of Business 2a. Mailing Address					4. FEI Number	X Apr	olied For
21 26					59-3531227		Applicable
Suite, Apt. #, etc. Suit 22 27		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Rec	
	City & State City & S		& State		Election Campaign Financing Trust Fund Contribution	\$5.00 r Added to	
Zip	Country Zip		Country		8. This corporation owes the current y		_
24	25 29		0		Personal Property Tax. ☐ Yes ☐ No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regis	tered Agent	
			81	Name			
AUKENS, MELISSA 1473 COVE LANDING DR			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
ATLA	NTIC BEACH FL 32233		83	3			
ł			84	City		FL 85 Zip C	ode
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was auti	nonzed by	v the corporation	poration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing its i	registered gistered
SIGNATURE						OATE	
	Signature, typed or printed name of registered ager		<u> </u>	ent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE		RS IN 12
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	D ALIVENIC MELICOA		E .				_
NAME .	AUKENS, MELISSA		1.2 NAME				
STREET ADDRESS	1473 COVE LANDING DR			ET ADDRESS			
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	☐ DELETE	1.4 CITY- 2.1 TITLE			Change	Addition
TITLE	D .	Doesere					
NAME	THOMSON, LISA		2.2 NAME		•		
STREET ADDRESS	1473 COVE LANDING DR			ET ADDRESS			٠
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	DELETE	2. 4 CITY- 3.1 TITLE			Change	Addition
TITLE		- DELETE		ł			_
NAME			3.2 NAME				
STREET ADDRESS				ET ADORESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE			☐ Change	Addition
TITLE			4.1 TILE	1			_
NAME	•			1			
STREET ADDRESS				ET ADORESS	•		
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE			[] Change	Addition
TITLE		th percie	5.1 HILE 5.2 NAME				
NAME			1	ET ADDRESS		•	
STREET ADDRESS			5.4 CITY-				
C/TY-ST-ZIP		DELETE	6.1 TITLE			☐ Change	Addition
TITLE			6.2 NAME			<u> </u>	
NAME	and the second second		4	ET ADDRESS			
STREET ADDRESS	rad filmás a 1880. Cara a calabara na		6.4 CITY-				
CITY-ST-ZIP	to the first fight styling the		0.4 CHY-	OI*EIF			

CITY-ST-ZIP 14 17 17 19 19 19 19 19 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.