


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90004 003 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000084457**

1. Corporation Name

**CHAMPION CLEAN COMMERCIAL & RESIDENTIAL CLEANING SERVICES, INC.**

Principal Place of Business

Mailing Address

 149 NW 15TH CT.  
 POMPANO BCH FL 33060

 149 NW 15TH CT.  
 POMPANO BCH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1998

4. FEI Number

650866189

Applied For

Not Applicable

5. Certificate of Status Desired

☐
**\$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.

☐
 Yes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

29 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

 MCCRAY, CASSANDRA T  
 149 NW 15TH CT.  
 POMPANO BCH FL 33060

81 Name

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

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 12.1 TITLE ☐ DELETE

 12.2 NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

 12.3 TITLE ☐ DELETE

 12.4 NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

 12.5 TITLE ☐ DELETE

 12.6 NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

 12.7 TITLE ☐ DELETE

 12.8 NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

 12.9 TITLE ☐ DELETE

 12.10 NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

 12.11 TITLE ☐ DELETE

 12.12 NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

 12.13 TITLE ☐ DELETE

 12.14 NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

 12.15 TITLE ☐ DELETE

 12.16 NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

 12.17 TITLE ☐ DELETE

 12.18 NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition1.2 NAME ☐ Change ☐ Addition1.3 STREET ADDRESS ☐ Change ☐ Addition1.4 CITY-ST-ZIP ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition2.2 NAME ☐ Change ☐ Addition2.3 STREET ADDRESS ☐ Change ☐ Addition2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cassandra T. McCray President

Date

Daytime Phone #

CR2E034 (5/99)