


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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S09454 (7) 1. Corporation Name PALM CITY WINDOW CLEANING, INC.					
Principal Place of Business 22445 FOUNTAIN LAKES BLVD. P.O. BOX 176 ESTERO FL 33928 US			Mailing Address 22445 FOUNTAIN LAKES BLVD. P.O. BOX 176 ESTERO FL 33928 US		
2. Principal Place of Business 21 18920 Matanzas Rd Suite, Apt. #, etc. 22 City & State 23 Ft. Myers, FL 24 Zip 33912 25 Country U.S.		2a. Mailing Address 26 18920 Matanzas Rd Suite, Apt. #, etc. 27 City & State 28 Ft. Myers, FL 29 Zip 33912 30 Country U.S.		3. Date Incorporated or Qualified 10/29/1990 4. FEI Number 65-0224865 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LAMORTE, PETER 22445 FOUNTAIN LAKES BLVD. ESTERO FL 33928			10. Name and Address of New Registered Agent 81 Name Michael Davis 82 Street Address (P.O. Box Number is Not Acceptable) 18920 Matanzas Rd 83 City Ft. Myers FL 84 Zip Code 33912		
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 Michael Davis Michael Davis 4-26-98 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 DVS NAME LAMORTE, PETER STREET ADDRESS 22445 FOUNTAIN LAKES BLV CITY-ST-ZIP ESTERO FL <input checked="" type="checkbox"/> DELETE TITLE PTD NAME LA MORTE, CAROL STREET ADDRESS 22445 FOUNTAIN LAKES BLV CITY-ST-ZIP ESTERO FL <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE DVS 1.2 NAME Davis, Michael <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.3 STREET ADDRESS 18920 Matanzas Rd 1.4 CITY-ST-ZIP Ft. Myers, FL 33912 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

SIGNATURE: Michael Davis Michael Davis

4-26-98

267-6255

CR2E034 (10/97)