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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S85722

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E.V. CLEANING SERVICES, INC. Principal Place of Business Mailing Address 1341 FOX FORREST CIRCLE 1341 FOX FORREST CIRCLE APOPKA FL 32712 APOPKA FL 32712-2328 3. Date Incorporated or Qualified 3a. Date of Last Report 10/08/1991 05/01/1996 Applied For 2. Principal Pace of Business 2a. Mailing Address 4. FEI Number 59-3083689 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Ζip Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, Yes Yes Florida Statutes 24 30 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name Valeri. Emilia R. 1341 FOX FORREST CIRCLE Street Address (P.O. Box Number is Not Acceptable) **SUITE 304** APOPKA FL 32712 83 84 City 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. Hereby accept the appointment as registered agent. Lam farm ar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, type diar protect name of registerical agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. PTD DELETE Change ___ Addition THE 1.1 TITLE VALERI, EMILIA R. 1.2 NAME CR2E034 NAMA 1341 FOX FORREST CIRCLE 1.3 STREET ADDRESS STREET ADDRESS APOPKA FL 14 CHTY-ST-ZIF CITY - ST- 7/P DELETE Change Addition TITLE VSD 21 TITLE VALERI, CRESCENZO J. 2.2 NAME NAME 1341 FOX FORREST CIRCLE 2.3 STREET ADDRESS STREET ADDRESS APOPKA FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAMI 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CHY-S1-28 DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP 0(1) - ST- 7(P DELETE Change Addition TITLE 5.1 TITLE 52 NAME STREET ADDRESS **53 STREET ADDRESS** CIRY 51-719 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE THEF NAME 6.2 NAME STREET APORESS 6.3 STREET ADDRESS

SIGNATURE MAN CONTROL OF SHAWNS OF S

14. I do 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 truster impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Daytime Pfloric #

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Apr 09 1997 8:00am

Secretary of State