Change

Addition

Addition

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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS AUG 18 AM 11: 08 1997 DOCUMENT # (0)S86342 SECRETARY OF STATE TALLAHASSEE, FLORIDA SUNBELT JANITORIAL SYSTEMS, INC. Principal Place of Business Mailing Address 450 N. PARK RD 450 N. PARK RD SUITE 400 SUITE 400 DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3a. Date of Last Report 3. Date Incorporated or Qualified 10/09/1991 03/18/1996 2. Principal Place of Business 4. FE! Number 2a. Mailing Address Applied For 5000 Hollywood Blvd 26/5000 1701 Not Applicable 65:0311206 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Suite 7 Egg/Required City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees <u>Hollywood</u> Country 3302 Zip Country 8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes ☐ No 24 33021 25 USA 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name STAHR, RON 5000 HOLLYWOOD BLVD. 82 Street SUITE SEVEN 83 HOLLYWOOD FL 33021 84 FI 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. ulduo SIGNATURE Stonslure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS 12. 13. Change DELETE TITLE 1.1 THLE STAHR, RON 1.2 NAME NAME 3816 GARFIELD ST STREET ADDRES 1.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Stahr, Pamela J. NAME 2.2 NAME 3816 GARFIELD ST STREET ADORES 2.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELFTE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 990--D CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ****165.00 MILE 4. 2 NAME

CITY-ST-ZIP 6.4 CITY - ST - ZIP 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 eport 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 true to 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 vith an address. 454

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



July 25, 1997

Annual Reports Fillings
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Show Conta

I am in receipt of the annual form as of July 24, 1997 which is the second notice. When receiving this form I call your office for assistance in filling and I was informed to advise your office that the first application must of went to the wrong office. They also were kind enough to accept the fee of \$165.00 even though we are filling on the second request.



