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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S86785

(0)

BK CLEANING & RESTORATION SERVICES, INC.									
Principal Place of Business Mailing Address						- 1 1991 1910 181 10110 01111 1000 10101 01111 1	HORL DIDIO BADAL DIDII		
3350 ULMERTON RD. 3350 ULMERTON RD.									
SUITE 8		SUITE 8							
CLEARWATER US	FL 34622	CLEARWATER FL 34622-3313 US				T - 5 - 11			
US		US				3. Date Incorporated or Qualified	3a. Date of L		port
2, Principal Place of Business 2a. Mailing Address						10/11/1991 4. FEI Number	08/12/199		olied For
21		26			65-0288556	-		Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				¬ \$8.		dditional	
22		27			5. Certificate of Status Desired		e Rec		
City & Stat	e	City & State			6. Election Campaign Financing	\$5	.00 A	May Be	
23		28				Trust Fund Contribution	☐ Ad	ded to	Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for in		iers.	199.032
24	25 S. Name and Address of Curre	29 29 Anent	30			Florida Statutes 10. Name and Address of New Rec	Yes X No		
IAN	SSEN, TONI	an riogistorou Agent		81 /	Name	10, Italie and Address of Italy Reg	hatered Agent		
	O ULMERTON RD.		-						
SUN				82 3	Street Addre	ss (P.O. Box Number is Not Acceptabl	e)		
	ARWATER FL 34622		ī	83					
V					~				
			['	84 (City		FL 85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	les, the ab	ove-n	named corpo	ration submits this statement for the pu		ng its	registered
agent. I a	im familiar with, and accept the oblig	gations of, Section 607.0505, Fi	aumonzeo Iorida Statu	⊢by tr ites.	ne corporatio	ration submits this statement for the pu in's board of directors. I hereby accep	I the appointmer	it as re	egistered
SIGNATURE									
	Signature, typed or printed name of registered as			Agent s	signature required	f when reinstating)	DATE		
12.	DPTS OFFICERS AF	ND DIRECTORS DELETE	13.	13.		ADDITIONS/CHANGES TO OFFICE			
NAME	JANSSEN, TONI L			1.2 NAME			∐ Cha	nge	Addition
STREET ADDRESS		A LULAPOTANI DD. 4A			innece				
CITY-ST-ZIP	CLEARWATER FL 34622		1.3 STR						
TITLE	AS			1.4 City-St-ZiP 2.1 Title			☐ Cha	nne	Addition
NAME	JANSSEN, BART		2.2 NAN					·go	
STREET ADDRESS	3350 ULMERTON RD.,#8			2.3 STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 34622			2. 4 C(1Y-S1-ZIP					
TITLE				3.1 TITLE			☐ Cha	nge	Addition
NAME			3.2 NAN						
STREET ADDRESS	3.3 \$		3.3 S1R	eet ad	DRESS				
CITY-ST-ZIP			3,4. CIT	Y- ST- 2	ZIP				
TITLE		DELETE	DELETE 4.1 TIT				☐ Chai	nge	Addition
NAME			4. 2 NAI	ME					
STREET ADDRESS			4.3 STRI	EET ADI	DRESS				
CITY-ST-ZIP			4.4 CITY	/-ST-Z	nP .				
TITLE		☐ DELETÉ	5 1 1ITL	.E			☐ Chai	nge	Addition
NAME			5 2 NAN	ΛE					
STREET ADDRESS			5 3 519	EET ADI	DRESS				
CITY-ST-ZIP		——————————————————————————————————————	5.4 DITY		MP .				
TITLE		☐ DÉLETE	6.1 THIL				Char	ige	Addition
NAME			6.2 NAN						į
STREET ADDRESS			6.3 STR		1				
CITY-ST-ZIP	<u> </u>	/	6.4 CITY	r - ST - Z	NP				

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 of the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, so on an attachment with an address.

FILED

Apr 25 1997 8:00am

Secretary of State