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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # 5

S86785

(0)

| BK CLEANING & RESTORATION SERVICES, INC. | | | | | | | |
|---|---|-------------------------------|---------------------------|---|--|--|--|
| | | | | | 1 / E 1 / E 1 / E 10 / E / E 1 / E / E / E / E / E / E | <u> </u> | |
| Principal Place | o of Business | Mailing Address | | | | | |
| 1 | | - | | | | | |
| | | 3350 ULMERTON RD. Suite B | ION HU. | | | | |
| CLEARWATER FL 34622 | | CLEARWATER FL 34622 | | DO NOT WRITE IN THIS SPACE | | | |
| US US | | | | | 3. Date Incorporated or Qualified | | |
| | | | | | 10/11/1991 | · | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4, FEI Number | Applied For | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 65-0288556 | Not Applicable | | |
| 22 27 | | | η, η, οιο. | | Certificate of Status Desired | See Required | |
| | | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 28 | | 28 | | | Trust Fund Contribution | Added to Fees | |
| Zip | Country Zip | | Country | Country 8. This corporation owes or has paid the current year Intangible | | aid the current year Intangible | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due Juni | | |
| | 9, Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New R | egistered Agent | |
| | NSSEN, TONI | | 61 | Name | | | |
| 3350 ULMERTON RD. | | | 82 | Street Ad | dress (P.O. Box Number is Not Accepta | ble) | |
| SUITE 8 | | | 83 | | | | |
| CLE | EARWATER FL 34622 | | 103 | | | | |
| | | | 84 | City | | FL 85 Zip Code | |
| 11. Pursuant i | to the provisions of Sections 607.050 | 2 and 607 1508. Florida Statu | les, the above | e-named co | progration submits this statement for the | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 | Signature, typed or printed harve of registered nor | nt and tilln # applicable (NO | II : Registered Ag | ent signature rec | guired when reinstating) | DATE | |
| 12. | OFFICERS AN | | 13. | | ADDITIONS/CHANGES TO OFFI | | |
| TITLE | DPTS | ☐ DELETE | 1.1 TITLE | | | Change Addition | |
| NAME | JANSSEN, TONI L 3350 ULMERTON RD.,#8 | | 1.2 NAME | | | | |
| STREET ADDRESS | CLEARWATER FL 34622 | | 1.3 STREET 1.4 CHY-5 | 1 | | | |
| CITY-ST-ZIP TITLE | AS | DELETE | 2.1 THILE | DI-ZIF | ASILIUM Dres | Change Addition | |
| NAME | JANSSEN, BART | <u> </u> | 2.2 NAME | | Janasen Rast | . 46 | |
| STREET ADDRESS | 3350 ULMERTON RD.,#8 | | 2.3 STREET | ADDRESS | Janssen, Bart 2350 Ulmertan Re | 0 41 8 | |
| CITY-ST-ZIP | CLEARWATER FL 34822 | | 2. 4 CHY- | ST-ZIP | Clearwater | | |
| TITLE | | DELETE | 3.1 TITLE | | | Change Addition | |
| NAME | | | 3.2 NAME | - | | | |
| STREET ADDRESS | MESS | | 3.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY - | ST-ZIP | | | |
| TITLE | | DELETE 41 | | | | Change Addition | |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET | | | | |
| CITY-ST-ZIP TITLE | DELÉTE | | 4.4 CITY - S 5.1 TITLE | 11 - ZIP | | Change Addition | |
| NAME | ت عبداد | | 5.2 NAME | | | The second of th | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | iI - ZIP | | | |
| TITLE | | DELETE | 6.1 TITLE | | | Change Addition | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | <i></i> | 6.4 CITY - S | | | | |
| 14. Thereby 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 eath; that I am an | | | | | | | |
| officer or director of the corporation of the refleiver 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 changing, or on an algorithment with an address. | | | | | | | |

Tons Janssen Par 4/8/98 812 572 572