SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # V13283

(9)

| • | ÇΛ | ITI | MEST | EI ORIDA | CLEANING | CONTRACTORS. | INC |
|---|----|-----|--------|----------|----------|--------------|------|
| ٠ | Jυ | VII | 744E91 | LUNIUA | CLEANING | CONTRACTORS. | INC. |

| Principal Place of Business Mailing Address | | | | | | | | | |
|---|--|---|----------------------------------|-------------|----------------------------|--|---------------|---------------------------------------|--|
| 1161 STEEVES NAPLES FL 33 | | 1161 STEEVES AVENUE NAPLES FL 33942 | | | | | | | |
| | | | | | - | 3. Date Incorporated or Qualified 02/10/1992 | I | te of Last Report 18/1995 | |
| | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | Applied For | |
| Suite, Apt. | # oto | Suite, Apt. #, etc | | | - | 65-0320127 | | Not Applicable \$8.75 Additional | |
| 22 | #, e.c. | 27 | | | | 5. Certificate of Status Desired | | Fee Required | |
| City & State | 0 | City & State | | | | 6. Election Campaign Financing | | \$5.00 May Be | |
| 23 | | 28 | | | Trust Fund Contribution | | Added to Fees | | |
| Zip | p Country Zip Count | | Country | / | | 8. This corporation has liability for | | | |
| 24 | 25 | ······································ | 30 | | | Florida Statutes | Yes L | No . | |
| | Name and Address of Curren | it Registered Agent | 81 | T - | Name | 10. Name and Address of New F | egistered A | gent | |
| MU | LLINS, LORI ANN | | | Ľ | rvaine: | | | | |
| | B1 STEEVES AVENUE | | 82 | : | Street Addre | ess (P.O. Box Number is Not Accepta | ıble) | | |
| NAI | PLES FL 33942 | | 83 | - | | | | | |
| | | | | L | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | 84 | ' | City | | FI | 85 Zip Code | |
| office or re agent I as SIGNATURE | egistered agent, or both in the State in familiar with, and accept the obligations of the obligation of the state of the s | ations of, Section 607.0505, Flor | rida Statutes | | | ed when recording: | pt the appoi | ntment as registered | |
| 12. | | O DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFF | ICERS AND | DIRECTORS IN 12 | |
| TITLE | Đ | DELETE | 1.1.11FLE | | | | | Change Add-tion | |
| NAME | MULLINS, LORI ANN | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 1161 STEEVES AVENUE | | 13 STREET | | | | | | |
| CITY-ST-ZIP TITLE | NAPLES FL | DELETE | 14 Cily - S 2 1 TiTLE | -12 | ZIP | | т | Change Addition | |
| NAME | | bittie | 2 7 NAME | | | | | Change Adv.ton | |
| STREET ADDRESS | | | 2 3 STREET | 14.1 | ากตะรร | | | | |
| CITY-ST-ZIP | | | 2 4 CITY - 5 | | | | | | |
| TITLE | | DELETE | 3 1 TiTLE | | | | T. | Change Addition | |
| NAME | | | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | 3.3 STREET | I AE | OORESS | | | | |
| CITY-ST-ZIP | | | 34 CITY-S | <u>sı</u> | ZIP | | ···· | | |
| TITLE | | DELFTE | 4 1 THELE | | | | L | Change Addition | |
| NAME | | | 4 2 NAME | | | | | | |
| STREET ADDRESS | | | 4 3 STREET | | | | | | |
| CITY - ST - ZIP TITLE | | DELETE | 4.4 C/TY - S 5.1 THTLE | 51 - | AP | | Т | Change Addition | |
| NAME | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | 5 3 STREET | I AC | DORESS | | | | |
| CITY - ST - ZIP | | | 5.4 Cur - S | <u>S1</u> - | ZiP | | | | |
| TITLE | _ | DELETE | 6 1 TITLE | - | T | | Ľ | Change Addition | |
| NAME | | | 6 2 NAME | | | | | | |
| STREET ADDRESS | | | 63STREET | _ | | | | | |
| CITY - ST - ZIP | by cort to that the information exercise | d with this (I no is valuated) for | 6.4 CITY - S | | | ify for the exemption stated in Section | 110 07/20/0 | A Florida Statutos I | |
| further ce made und | ertify that the information and cated on | this annual report or supplement or of the corporation or the rece | ntal annual r liver or truste | rep oc | ort is true a empowered | ind accurate and that my signature st d to execute this report as required by | all have the | same legal effect as if | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.26.96 941732 4036

CR2E034 (3/9)