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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

BEST CLEANING SERVICE OF THE PALM BEACHES, INC.

Principal Place of Business Mailing Address

FILED Jan 20 1998 8:00am Secretary of State



PALM BCH. GARDENS FL 33418		1517 151H LANE PAIM RCH GADDENS I	EL 22410			
		PALM BCH. GARDENS FL 33418		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
				03/06/1992		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26 438 DOV	er rd	65-0325802	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27 7 TO TO STATE OF THE PARTY O	•	6. Certificate of Status Desired	Fee Required	
City & Star	le	City & State	,	6. Election Campaign Financing	\$5.00 May Be	
23		28 TEQUEST	_,	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible	
24	25	29 33469	30	Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
D'AMBROSIO, BOB			81 Name	Name		
	17 15TH LANE		82 Street A	ddress (P.O. Box Number is Not Acceptable)		
PALM BCH. GARDENS FL 33418						
			83			
			84 City		85 Zip Code	
			,	F	-L .] '	
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. I am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
	Signature, typed or printed name of registered		IF Registered Agent a gnature re	oquired when reinstating) DAT	Ē .	
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	☐ DELFTE	1.1 TITLE		Change Addition	
NAME	D'AMBROSIO, BOB		1.2 NAME			
STREET ADDRESS	1517 15TH LANE		1.3 STREET ADDRESS		;	
CITY-ST-ZIP	PALM BCH GARDENS FL		1.4 CITY-ST-ZIP			
TITLE	<u> </u>	☐ DELETE	2.1 TITLE		Change Addition	
NAME	RONALDO SEWCHARAN		2.2 NAME			
STREET ADDRESS 458 DOVER ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	TEQUESTA, The	33469	2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	31 TITLE		Change Addition	
NAME			32 NAME			
Street address			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP		ł	
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-2#P			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		1	
OUTV OF THE			6.3 STREET AUDRESS			

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 oath; that I am an officer or director of the corporation or the receiver 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 changed, or on an attachment with an address.