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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V20916** **(5)**

1. Corporation Name

AT YOUR SERVICE JANITORIAL SERVICE, INC.

Principal Place of Business	Mailing Address
444 38TH STREET **W PALM BEACH FL 33407**	**444 38TH STREET** **W PALM BEACH FL 33407**

3. Date Incorporated or Qualified: **04/01/1992**
3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0035574** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTINELLI, PAUL
444 38TH STREET
W PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 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.

SIGNATURE

12. OFFICERS AND DIRECTORS

1 TITLE	PD	☐ DELETE
2 NAME	MARTINELLI, PAUL	
3 STREET ADDRESS	444 48TH STREET	
4 CITY-ST-ZIP	W PALM BEACH FL	
5 TITLE	VP	☐ DELETE
6 NAME	WILLIAMS, ALEXANDRA	
7 STREET ADDRESS	444 38TH ST	
8 CITY-ST-ZIP	W PALM BCH FL	
9 TITLE	D	☒ DELETE
10 NAME	KELLY, JUSTON	
11 STREET ADDRESS	306 E OCEAN AVE #204	
12 CITY-ST-ZIP	BOYNTON BEACH FL	
13 TITLE	D	☒ DELETE
14 NAME	BECERRA, JUAN	
15 STREET ADDRESS	4718 GROVEST APT 2	
16 CITY-ST-ZIP	W PALM BCH FL	
17 TITLE		☐ DELETE
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE		☐ DELETE
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IF ANY

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is true. I further certify that this 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 with an asterisk (*) or in the space provided for additions.

SIGNATURE: [signature] 1/16/96 (401)881-7452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)