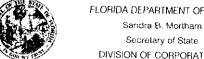
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT



	1996		Secret DIVISION OF	ary of Sta CORPOR		ONS					
DOCU 1. Corporation	IMENT #	V29105	(6)								
	By Cleaning Sei	RVICE, INC.									
Principal Plac	e of Business	Ma	ailing Address			···		HE HIND PREMI HINDI AND			
374 S.W. (PORT ST. US	LANCASTER AVE LUCIE FL 34984		374 S.E. LANCASTER PORT ST. LUCIE FL 3 US	AVE 14984							
							3. Date Incorpora 04/13/19		3a. Date of 04/	Last Fi 26/19	
2. Principal P	Place of Business	2a. 26	Malling Address				4. FEI Number	C700	<u></u>	T+	Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	·			65-032				Not Applicable
22		27					5. Certificate of S	Status Desired			Additional Required
City & Stat		28	City & State				6. Election Camp Trust Fund Co				0 May Be
Zip	Countr	` <u> </u>	Zip	Cou	ntry		8. This corporation		ntangible tax u		d to Fees 199.032.
24	9 Name and Addre	29 ess of Current Regist	arad Agant	30	r		Florida Statute	s 🔲 Yes	⊠ No		
		The state of the s	orea Agent		81	Name	10. Name and Ad	Idress of New Ro	egistered Age	nt	
	ER, JOHN P. JR										
105 41					82	Street Ad	dress (P.O. Box Numbe	r is Not Acceptable	Θ)		
VERU	BEACH FL 32968				83						
					84	Crty				5 Zir	o Code
11. Pursuant	to the provisions of Secti red agent, or both, in the	ons 607.0502 and €07	.1508 Florida Statutes	s the abo		amad sava	protion or besite this state		FL		
or register familiar wi	red agent, or both, in the ith, and accept the obliga	State of Florida, Such tions of Section 607.0	change was authorized	d by the c	orpo	ration's bo	erd of directors. I hereb	ement for the purp accept the appo	ose of changir intment as regi	ig its r istered	egistered office agent. Lam
SIGNATURE											
12.	Signature, typed or printed name	*** *** *** *** *** *** *** *** *** **			Agent	signature requi	red when reinstating)		DATE		
TITLE	PT	PEFICERS AND DIRECT	DELETE	13. 1. 1 Ti			ADDITIONS/CH	ANGES TO OFFIC			
NAME	SPARKS, BILLY		or cent	1. 1 II 1.2 NA				•	C	nange	Addition
STREET ADDRESS	374 SE LANCAS			4		DORESS					
CITY-ST-ZIP	PORT ST LUCIE	FL		1.4 CIT							
TITLE	VP\$		DELETE	2 1 11					□ ci	nange	Addition
NAME	SPARKS, VERNIC			2.2 NA	ME					v	
STREET ADDRESS	374 SE LANCAS* PORT ST LUCIE	IEH AVE		2351	REET A	DDRESS					
CITY-ST-ZIP TITLE	TONI 31 LUCIE	<u> </u>	DELETE	2.4 CIT		- 7iP					
NAME			[] DELETE	3. 1 Tri 3.2 NAI					CI	ange	Addition
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				3 4 CIT							
TITLE			DELETE	4. 1 TrT	~~~~				[] Ch	ange	Addition
NAME				4.2 NAI	ME	i			₩.	w.igo	
STREET ADDRESS				4.3 STR	REET A	DDRESS					
CITY-ST-ZIP TITLE		***** *********************************	DELETE	4.4 CiT		ZIP					
NAME			T DELETE	5 1 TIT					☐ Ch	ange	Addition
STREET ADDRESS				5 2 NAA 5 3 STR		nnesse					
CITY-ST-ZIP				5.4 CIT		1					
TITLE			DELETE.	6. 1 TIT					Ch	ange	Addition
NAME				6 2 NAN	ME					g~	
STREET ADDRESS				6 3 STR	EET AL	DDRESS					
CITY-ST-ZIP	postification to the last			6.4 CITY	(- ST-	ZIP					

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 logal effect as if made under appears in Block 12 or Block 12 if changed, or on as attachment with an address.

SIGNATURE: UMILLE STANKS
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 (407)879-0465

CR2E034 (12/95)