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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # V31771

1. Corporation	ED SWEEPING, INC.			1 18611 BERNAR INGE HIGH 16817 16841 IN	s Alali Billi bidi albi d	1841 A1811 (88)
Principal Place	e of Rusiness	Mailing Address			I REBEL BIBIT BEBEL BEBEL B	
918-PACE DR		P.O. BOX 100422			•	
PALM BAY FL		PALM BAY FL 32910				
us		US		DO NOT WRITE IN	THIS SPACE	***
				3. Date Incorporated or Qualifed 04/27/1992		
2. Principal P	late of Business	2a. Mailing Address		4. FEI Number	 	lied For
21 00	O DEEK NU	(2) / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		65-0329790		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Red	
Ctv. Stat	n /)	City & State		a Floring Compains Figureing		
23 /AL	MDAY FL	28	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
コピンク	and country	Zip 29 30	¬ '	 This corporation owes the current yearsonal Property Tax. 	ear intangible ☐ Yes 🗶	ÑNo
24 00	9. Name and Address of Current		'	10. Name and Address of New Regis		
	3. realite title realities of wallers	, , , , , , , , , , , , , , , , , , ,	81 Name	- 0811		
	EN, THOMAS		82 Street Add	Iress (P.O.Box Number is Net Acceptable)		
	O E OAKLAND PARK BLVD		5 2 Street Add			
FT l	LAUDERDALE FL 33334		83			
			84 City	' R.	FL 85 Zip C	ode. 7 05
44 Durauget	to the provisions of Sections 607.0503	2 and 607 1508 Florida Statutes	the above-named corr	poration submits this statement for the purpo	ose of changing its	registered
TT, Puisuani	registered agent, or both, in the State o	of Florida, Such change was suth	orized by the corporat	ion's board of directors. I hereby accept the	appointment as req	istered
Office of 1	egisteres again, or boun, in the entere	of Florida, Such Change was addit	onzou o, ano oorponat	ion's board of directors. Thereby decept wie		
agent. I a	im familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statutes.	J	12/00	,
agent. I a	im familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes.	1/	26/99 ITE	
agent. I a SIGNATURE	Im familiar with, and except the obligate Spatius, typed or printed name of registered agent OFFICERS AND	ions of, Section 607.0505, Florida and title if applicable. (NOTE: Re	a Statutes. gistered Agent signature require 13.	1/	26/99 NE	
agent. I a	im familiar with, and recept the obligat	ions of, Section 607.0505, Florida and title if applicable. (NOTE: Re	a Statutes. gistered Agent signature requir	ed when reinstating)	26/99 NE	
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14. I hereby certify that the information supplied with this filling 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 on an attactiment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90111 002 ***150.00