

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

05-10-1999 90111 002 ***150.00

DOCUMENT # V31771

1. Corporation Name
CERTIFIED SWEEPING, INC.

Principal Place of Business

918 PACE DR NW
PALM BAY FL 32907
US

Mailing Address

P.O. BOX 100422
PALM BAY FL 32910
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1992

4. FEI Number

65-0329790

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 owes the current year Intangible
Personal Property Tax.

Yes ☐ No ☒

2. Principal Place of Business

21 228 DEER RUN RD
Suite, Apt. #, etc.

2a. Mailing Address

2a Suite, Apt. #, etc.

City & State

23 PALM BAY FL

City & State

28 City & State

Zip Country

24 32909 25 US

Zip Country

29 30

9. Name and Address of Current Registered Agent

LUKEN, THOMAS
1290 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name James P. Beadle
82 Street Address (P.O. Box Number is Not Acceptable)
5205 Liberte St, NE
83
84 City Palm Bay FL 85 Zip Code 32905

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, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/26/99
DATE

12. OFFICERS AND DIRECTORS

TITLE VTD ☐ DELETE

NAME HANOUSEK, RAYMOND

STREET ADDRESS 918 PACE DR NW

CITY-ST-ZIP PALM BAY FL 32907

TITLE ☐ DELETE

NAME 228 DEER RUN RD

STREET ADDRESS PALM BAY FL

CITY-ST-ZIP 32909

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99
Date

Daytime Phone #

CR2E034 (1/98)