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

PROFIT
CORPORATION
ANNUAL REPORT

1997



NEIL SCHUBERG

SIGNATURE AND TYPED OR PRINTED I

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 02 1997 8:00am

Secretary of State

(561) 482-1000

Daytime Phone #

3-10-97

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V47110

(4)

CLEAN AND GREEN JANITORIAL, INC.

Principal Prace	of Aucinocs	Mailing Address			
14624 LOX RD.	As Evaguidas	14624 LOX RD.			
PARKLAND FL 33067		PARKLAND FL 33076-9712			
				3. Date incorporated or Qualified 06/30/1992	3a. Date of Last Report 04/02/1996
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		LI 65-0343198	Not Applicable
Suite, Apt #	l, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	The state of the s	City & State	*******	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for it	
24	25		30	Florida Statutes L 10. Name and Address of New Reg	Yes No
	Name and Address of Current	t Hegistered Agent	81 Name	10, Name and Address of New Net	hatelen Agent
	UBERG, NEIL				
1898 STALLION DR			62 Street Addre	est (P.O. Box Number is Not Acceptab	le)
LUX	NHATCHEE FL 33470		83		
			84 City		85 Zip Code
					FL i i
11. Pursuant to	o the provisions of Sections 607.050	2 and 607 1508, Florida Statute	s, the above-named corporati	oftion submits this statement for the p s board of directors. I hereby accep	urpose of changing its registered
agent. Lar	n familiar with, and accept the obligi	ations of, Section 607.0505, Flat	iora Statutes.		3-10-97
SIGNATURE .	NEIL SCHUBERG -	1.1	cul se	Kul	3-10-97
12.	lignarie tyr-dio printidinamé of registrated age OFFICERS AN	D DIRECTORS (NOTE	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICE	
161t	PD	DELETE	1.1 TITLE		Change Addition
NAMI	CAGLE, DANNY D.		1.2 NAME		
STREET ADDRESS	5221 N.W. 76TH PL		1.3 STREET ADDRESS		
CITY+S1-ZIP	POMPANO BEACH FL		1.4 CITY - ST - ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	·	Change Addition
NAME	SCHUBERG, NEIL	4	2.2 NAME	·	
STREET ADDRESS	1898 STALLION DR		2.3 STREET ADDRESS		
C(TY - ST - 2)E	LOXAHATCHEE FL	DELETE	2.4 C/TY-ST-ZIP 31 TITLE		Change Addition
TiTLE NAMI		□ bterie	32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CDY-ST-7#			3.4. CITY - ST - ZIP		
)II.E		DELETE	4.1 TITLE		Change Addition
NAM(4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
COY-ST-7IP	1,1711	T britte	4.4 CITY - ST - ZIP		Change Addition
TILE		L_ DELETE	5.1 THILE		C Annual C Maniford
NAME DIOCET MODOCES			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST ZIP			5.4 CITY-ST-ZIP		
THUE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	,	
STREET ADDRESS			6.3 STREET ADDRESS		
COV-SI-NE			64 CITY-ST-ZIP		
14. I do hereb	by certify that the information supplies a red cated on this appulational report or	ed with this filing does not qualif	y for the exemption stated ue and accurate and that	t in Section 119.07(3)(i), Florida Statute my signature shall have the same lega	is. I further certify that the at effect as if made under oath; that
Lani an o appears i	flicer or director of the corporation on Block 12 or Block 13 if changed, o	or the receiver or trustee empow or on an attachment with an add	ered to execute this reportings.	nt as required by Chapter 607, Florida	Statutes; and that my name