

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V47110** (4)
1. Corporation Name
CLEAN AND GREEN JANITORIAL, INC.



Principal Place of Business 14624 LOX RD. PARKLAND FL 33067	Mailing Address 14624 LOX RD. PARKLAND FL 33067
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1280 SW 36th Ave Suite, Apt. #, etc. 22 Suite 301 City & State 23 Pompano Beach Zip 24 33069		2a. Mailing Address 26 1280 SW 36th Ave Suite, Apt. #, etc. 27 Suite 301 City & State 28 Pompano Beach Zip 29 33069		3. Date Incorporated or Qualified 06/30/1992	
4. FEI Number 65-0343198		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent SCHUBERG, NEIL 1898 STALLION DR LOXAHATCHEE FL 33470		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	
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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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAGLE, DANNY D.	1.2 NAME	
STREET ADDRESS	5221 N.W. 76TH PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPAHO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUBERG, NEIL	2.2 NAME	
STREET ADDRESS	1898 STALLION DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Bornice Schuberg
STREET ADDRESS		3.3 STREET ADDRESS	1898 STALLION DR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **Bornice Schuberg** **Bornice Schuberg** **4/21/98 954-344-7777**

CR2E034 (10/97)