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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V485

(6)

ZEE'S PRESSURE WASH, INC.

FILED
Jan 16 1998 8:00am
Secretary of State



Deinain at Din					NOTE BILLIE BION BIRNE BIRN 1884	
Principal Place of Business Mailing Address						
239 HUNTERS POINT TRAIL SUITE 154 LONGWOOD FL 32779 US		239 HUNTER POINT TRAIL SUITE 154 LONGWOOD FL 32779 US		DO NOT WRITE. IN THIS SPACE.		
						3. Date Incorporated or Qualified
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3132865	Not Applicable	
Suite, Apt.	#, e tc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & Stat		27			Fee Required	
23	le .	City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	7ip	Country	1rust Fund Contribution	Added to Fees	
24	25		30	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Inlangible	
	9. Name and Address of Curren		, , , , , , , , , , , , , , , , , , ,	10. Name and Address of New Registers		
<i>7</i> F	NT, MICHAEL R		81 Name			
	5 SPRINGS COLONY CIRCLE					
SUITE #154			82 Street Add	dress (P.O. Box Number is Not Acceptable) HUNTERS POINT T	RAIL	
ALTAMONTE SPRINGS FL 32714			83	PUNIELS TOTAL T	CH!C	
			<u> </u>			
			84 City	NGWOOD F	85 Zip Code	
11 Pursuant to the provisions of Sections 607.0502 and 607.1509 Florida Statutes, the above period corporation subside this abdomant for the statute of the						
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 proited name of regularied ages		Registered Agent signature requ	pired when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PENT MICHAELD	☐ DELETĒ	1 1 10 LE		Change Addition	
NAME	ZENT, MICHAEL R		1.2 NAME			
STREET ADDRESS	239 HUNTERS POINT TRAIL LONGWOOD FL		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	V LONGWOOD FL	DELETE	1.4 CITY - ST - 7/P			
NAME	ZENT, GLORIA K		2.1 TITLE		Change Addition }	
STREET ADDRESS	239 HUNTERS POITN TRAIL		2.2 NAME]	
CITY-ST-ZIP	LONGWOOD FL		2.3 STREET ADDRESS			
TITLE	TOTAL PORT OF THE	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition	
NAME			3.2 NAME		C ondarigo C Addition	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-7IP			3.4. CITY-ST-ZIP			
THE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 C(1Y - S1 - ZIP			
TITLE		DELFTE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CHY-ST-ZIP			
TITLE		☐ DELETE	611ALE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREFT ADDRESS			
CITY-ST-7IP			6.4 Crty+St-7IP			

14. Thereby 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, or on an attachment with an address.

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