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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

**FILED** Jan 20 1998 8:00am Secretary of State

(7) GERALD GRANT CLEANING SERVICES INC. Principal Place of Business Mailing Address 50 NW 209 ST 50 NW 209 ST MIAMI FL 33169 MIAM! FL 33169 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualified 08/19/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0352983 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Çountry This corporation owes or has paid the current year Intangible ☐ Yes □Ño 25 29 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRANT GERALD 50 NW 209 ST Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33169 83 84 City 85 Zip Code 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 little if applicable (NOTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE GRANT, GERALD 1.2 NAME NAME **50 NW 209 STREET** 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIP 3.4. CITY - ST - ZIP Addition DELETE Change 4.1 TITLE 4. 2 NAME 4,3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE ITLE TITLE AME NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE ME STREET ADDRESS REET ADDRESS MY-SY-ZIP emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 607, Florida Statutes; and that my name appears in

14. I hereby certify that the information supplied with this filling does not quality for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execut Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE:**