NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

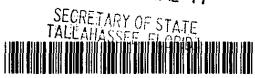
## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #
1. Corporation Name

BO-PEEPS CLEANING, INC.

FILED 00 JAN 19 PH 12: 17



ncipal Place of Business		Mailing Address				
VESTA TERR.		2212 S. CHICKASAW #159 ORLANDO FL 32825 US		DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualified 08/26/1992		
Principal Place of Bu	siness	2a. Mailing Address	Goldana	4. FEI Number 59-3146688	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt, #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		28 C City & State	o. FL	- 6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	<sup>Zip</sup> 32807 30	USA	This corporation owes the current year Intangible Personal Property.	Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
YENSEL, PAT			81 Name 82 Street Addre	C SC So Norther is Not Acceptable)	y La	
8658 VESTA TERRACE ORLANDO FL 32825			83	658 VESTO 10	zrracy	
			84 City	rlando F		
agent. I am familia	ovisions of sections 607.050 agent, or both, in the Stat with, and accept the oblig	02 and 607.1508, Florida Statutes, e of Florida Such change was auti gations of, section 607.0505, Florid	the above-named corporation horized by the corporation la Statutes.	ation submits this statement for the purpose of on's board of directors. I hereby accept the app	changing its registered ointment as registered	
SNATURE	ped or printed name of registered ag	ent and title if applicable. (NOTE	Registered Agent signature requi			
	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12	
. 00			1 1 TITLE		[ A 4488	

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 familia with, and accept the obligations of, section 607,0505, Florida Statutes.							
SIGNATURE							
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE  OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD DELETE	1.1 TITLE	Change Addition				
NAME	YENSEL, PATRICK	1.2 NAME	1				
STREET ADDRESS	8658 VESTA TERRACE	1.3 STREET ADDRESS	6000031048568				
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-\$T-ZIP	****908.75 ****908.75				
TITLE	VP DELETE	2.1 TITLE	Change Addition				
NAME	YENSEL, MARY	2.2 NAME	- Change Co Notation				
STREET ADDRESS	8658 VESTA TERRACE	2.3 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP					
TITLE	DELETE	3.1 TITLE	Change : Addition				
NAME	· ·	3.2 NAME :	ENSTATEMENT 99-2002				
STREET ADDRESS		3.3 STREET ADDRESS	PIND A CHIEN 99-action				
CITY-ST-ZIP		3.4 CITY-ST-ZIP	The state of the s				
TITLE	DELETE	4.1 TITLE	Change Addition				
NAME	total Para .	4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	DELETE	5.1 TITLE	Change Addition				
NAME (		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	DELETE	6.1 TITLE	Change Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS	JAN 2 0 2000				
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PLEATS JAN 2 U 7000				

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, ocon an attachment with an address.

SIGNATURE: