

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

APPROVED
AND
FILED

98 MAR 26 AM 5:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V61985** (0)
1. Corporation Name
SQUEEKY CLEAN CLEANING & JANITORIAL SERVICE, INC



Principal Place of Business
**2420 S.E. BLACKHORSE STREET
PORT ST. LUCIE FL 34984**

Mailing Address
**2420 S.E. BLACKHORSE STREET
PORT ST. LUCIE FL 34984**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/03/1992

4. FEI Number
65-0350990

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**BRAUNSTEIN, ERIC J.
6850 CYPRESS ROAD
SUITE 101
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PS	NEILSON, ELISSA L.	2420 S.E. BLACKHORSE ST	PORT ST. LUCIE FL	<input type="checkbox"/>
VP	SIEGEL, BEATRICE	9170 SW 14TH ST #4101	BOCA RATON FL	<input type="checkbox"/>
T	HIRSCHLER, MINDY	2420 S.E. BLACKHORSE ST	PORT ST. LUCIE FL 34984	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOUGLAS NEILSON
2420 SE Blackhorse St
Port St Lucie FL 34984
Secy

Samuel Riez Hirschler
2420 SE Blackhorse St
Port St Lucie FL 34984
Secy

APR 11
Dep 550

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 (change) or on an attachment with an address.

SIGNATURE

[Signature]

[Signature]
Dep 550
11/1/98

CR2E034 (10/97)