PROFIT CORPORATION ANNUAL REPORT

1999



PLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

OCUMENT # **V62957**

DYNAMIC PRESSURE CLEANING SERVICES, INC.

'rincipal Place of Business 346 N.W. 93 TERRACE

JNRISE FL 33351

Mailing Address

5346 N.W. 93 TERRACE SUNRISE FL 33351

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90120 010 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

09/08/1992

		La- Mailing /	ddraes			4. FEI Number		App	lied For	
	ice of Business N.E. 6 Avenue	Za. Mailing Address 26 4830 N.E. 6 Avenue			65-0392262		Not	Applicable		
		Suite. Apt. #, etc.			<u> </u>			\$8.75 Ac	fditional	
Suite, Apt. #	i, etc.		n. , 616.			5. Certificate of Status Desired		Fee Req	uired	
		27 City & S	ale			6. Election Campaign Financia	19-	\$5.00 N	Aay Be	
City & State		— · · · ·				Trust Fund Contribution	ig- 🗆	Added to	Fees	
	Lauderdale, FL		Lauderda	Le F Country	L	8. This corporation owes the o	urrent year Inta	ngible		
Zip	Country	Zip		1	A	Personal Property Tax.		T⊈Yes 〔	□No	
2333	4 25 USA	29 33334		US/	4	10. Name and Address of Ne	w Registered A	geht		
	9. Name and Address of Current	Registered Age	ent	81	Name	10, 110.110 0.10 1.10				
DOMESTIV DOMAN					K	eith Johnstone				
DONNELLY, BRIAN					82 Street Address (P.O. Box Number is Not Acceptable)					
5346 N.W. 93 TERR.					4	830 N.E. 6 Avenue				
SUNF	RISE FL 33351			83						
				84	City _			85 Zip C		
					l ' E	Fort Lauderdale	FL	333		
A Duminat	to the provisions of Sections 607.0502	and 607.1508,	Florida Statutes.	the above	e-named corp	poration submits this statement for	the purpose of o	changing its (itment as red	egistered iistered	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the objigation	f Florida. Such	change was authorida	orized by	the corporati	on's board or directors, I hereby ac	•			
agent. I ar	n familiar with, and accept the obligati	ions of Section	07.0003, Floride	, CHICAGO	•		4-25	-99	-	
SIGNATURE	1 Jour	and bills of continuous	(NOTE: Re	gistered Age	nt signature requir	ed when reinstating)	DATE			
	Signature, typed or amount of registered agent		(10.12.10	13.		ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	RS IN 12	
12.		o oncorono	DELETE	1.1 TITLE				Change	RS IN 12	
TLE	D DONNELLY BOMM		7	1.2 NAME						
IAME	DONNELLY, BRIAN			1 -	T + BODESS					
TREET ADDRESS	5346 N.W. 93 TERRACE				TADORESS [1	
DITY-ST-ZIP	SUNRISE FL			1.4 CITY-S	T-ZIP			Change	Addition	
TILE	President	•	☐ DELETE	2.1 TITLE		President /			7	
VAME	Keith Johnstone			2.2 NAME		Keith Johnstone				
STREET ADDRESS	4830 N.E. 6 Avenue			2.3 STREE	T ADDRESS	4830 N.E. 6 Avenue			-	
,	Fort Lauderdale, FL	33334		2. 4 CITY-	ST-ZIP	FOrt Lauderdale, !	TL 33334	±	Addition	
DITY-ST-ZIP			DELETE	3.1 TITLE		•	•	☐ Change	L. Addition	
				3.2 NAME		<u></u>		•		
NAME				3.3 STREE	TADDRESS				İ	
STREET ADDRESS				3.4. CITY-	}					
CITY-ST-ZIP			☐ OELETE	4.1 TITLE	3,1-21			Change	Addition	
mus		,		4. 2 NAME	.					
VAME										
STREET ADDRESS					T ADDRESS					
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mle			☐ DELETE	5.1 TITLE	ı				_	
NAME				5.2 NAME	i					
STREET ADDRESS	.[5.3 STREE	ET ADDRESS				ļ	
	1			5.4 CITY-	ST-ZIP				[] Addition	
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MLE	1			6.2 NAME		•			1	
NAME				6.3 STRF	ET ADDRESS				ļ	
STREET ADDRESS	6			6.4 CITY-						
CITY-ST-ZIP		 		0.4 City-	31-45	Section 119.07(3)(i), Florida Statu	tes. I further ce	rtify that the i	nformation	

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 of togstee 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, with all other like empowered.

SIGNATURE: 2

RINTED NAME OF SIGNING OFFICER OR DIRECTOR