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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V63551 1. Corporation Name

ACE WINDOW CLEANING, INC.

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Principal Place	of Business	Mailing Address							
1859 N. PINE ISLAND RD. 1859 N. PINE ISLAND RD.).						
SUITE #253		SUITE #253			DO NOT MOITE IN THIS SPACE				
PLANTATION FL 33322		PLANTATION FL 33322			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						1 '	Quanted		
						09/14/1992 4. FEI Number		-	Applied For
2. Principal Place of Business		2a. Mailing Address						Not Applicable	
21		26			65-0362807			Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status De	esired 🗌		Required	
City & State		City & State			6. Election Campaign Fire	nancing	\$5.0	0 May Be	
23		28				Trust Fund Contribution	on	Adde	d to Fees
Zip	Country	Zip	Cou	untry	-	8. This corporation owes	the current ye		_1
24	25	29	30			Personal Property Tax		Yes	☑No
	9. Name and Address of Currer	nt Registered Agent		<u> </u>		10. Name and Address	of New Regist	ered Agent	
DI INI	DED MAY			81	Name				
BLINDER, MAX 1172 N. UNIVERSITY DRIVE				82 Street Add		dress (P.O. Box Number is Not Acceptable)			
Plan	NTATION FL 33322			83		Free State			
				84	City	- Stantist	4. 705. g - 1 f	EI 85 Zij	Code
				Ш			at for the sizes	CL	ite registered
11. Pursuant office or reagent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 607.1508, Florida Stat of Florida. Such change was ations of, Section 607.0505, F	utes, the a authorized lorida Stat	d by t tutes.	-named corpo he corporatio	oration submits this statement on's board of directors. I here	by accept the	appointment as	registered
SIGNATURE								T	
	Signature, typed or printed name of registered age				signature required	d when reinstating)		TE AND DIRECT	ORS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.		signature required	d when reinstating) ADDITIONS/CHANGES		RS AND DIRECT	
	OFFICERS AN		13. 1.1 Ti	TILE	signature required	d when reinstating) ADDITIONS/CHANGES			
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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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Feb 16, 1999 8:00am

Secretary of State

1001, 01:010 6:100 1:101 0:101 0:101 0:101 1:101 0:101 0:101 0:101 0:101 0:101 0:101 0:101 0:101 0:101 0:101

02-16-1999 90002 010 ***150.00