

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V66032** (6)
POMPANO PLAZA, INC.

Principal Place of Business: 2121 PONCE DE LEON BLVD PENTHOUSE II CORAL GABLES FL 33134 US
Mailing Address: 2121 PONCE DE LEON BLVD PENTHOUSE II CORAL GABLES FL 33134 US

2. Principal Place of Business: 21, Suite Apt # etc.
2a. Mailing Address: 2a, Suite Apt # etc.
23. City & State: 23, City & State
24. City: 24, State: 25, City: 26, State: 27, City: 28, State: 29, City: 30, State: 31

(PRINT WITHIN THIS SPACE)
3. Date incorporated (or changed): 09/23/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0358233
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for unemployment taxes under 12-120-020, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BOGGIO, LLOYD J, 2121 PONCE DE LEON BLVD PENTHOUSE II, CORAL GABLES FL 33134
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 607.0507 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. Thereby is accepted the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0507, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, STEWART	2. NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD PH2	3. STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL	4. CITY, ST, ZIP	
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGIO, LLOYD	22. NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD PH2	23. STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL	24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information furnished with this report is voluntarily furnished and is not required for the corporation stated in Section 130.02, Florida Statutes. I further certify that the information furnished is true and accurate and that my corporation shall have the same kept on file as of record and that my corporation shall have the same kept on file as of record and that my corporation shall have the same kept on file as of record and that my corporation shall have the same kept on file as of record.

SIGNATURE: [Signature] LLOYD J. BOGGIO 4/20/95 (305)441-8188
DIRECTOR OR REGISTERED AGENT

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AND
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4/29/95

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Bellaw
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V66378** (3)

1. Corporation Name
COMMERCIAL OFFICE CLEANING, INC.

Principal Place of Business: **6712 CHANT TRAIL TALLAHASSEE FL 32308**
Mailing Address: **6712 CHANT TRAIL TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/24/1992**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
State Apt # etc: **22**
27
City & State: **23**
28
Zip: **24** 25
29
County: **30**

4. FID Number: **59-3144396**
Applied For: 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**
7. This corporation has liability for insurance under S. 196.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELLEW, SANDRA D
6712 CHANT TRAIL
TALLAHASSEE FL 32308**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0907 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 607.0905, Florida Statutes.

SIGNATURE: *Sandra D. Bellaw*
I, the undersigned, being a duly qualified agent of the corporation, do hereby

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If Any)

TITLE	D
NAME	BELLEW, SANDRA D
STREET ADDRESS	6712 CHANT TRAIL
CITY & STATE	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	

14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	
16. STREET ADDRESS	
17. CITY & STATE	
18. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	
20. STREET ADDRESS	
21. CITY & STATE	
22. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME	
24. STREET ADDRESS	
25. CITY & STATE	
26. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. NAME	
28. STREET ADDRESS	
29. CITY & STATE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and shows not qualify for the exemption stated in Section 196.032(1)(b) 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 and make 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 on Block 12 or Block 13 or Block 14 or on an attached sheet with an address.

SIGNATURE: *Sandra D. Bellaw*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95 8938721