

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39535 (0)
1. Corporation Name
CLEAN CARIBBEAN CORPORATION



Principal Place of Business 2381 STIRLING RD. FT. LAUDERDALE FL 33312	Mailing Address 2381 STIRLING RD. FT. LAUDERDALE FL 33312
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3. Date Incorporated or Qualified 07/07/1992	
4. FEI Number 65-0270063	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SCHULER, PAUL A	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2381 STIRLING ROAD	1.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S SAIDON, P.K.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2381 STIRLING RD.	2.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D HUBER, C	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3225 GALLOWES RD	3.2 NAME	
STREET ADDRESS	FAIRFAX VA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V PRZELOMSKI, H.R.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2381 STIRLING RD.	4.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D PINDER, D S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P O BOX F-42530 N/A	5.2 NAME	
STREET ADDRESS	FREEPORT BA	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D NORMAN, F S	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9009 WEST LOOP SOUTH - MS 1097	6.2 NAME	
STREET ADDRESS	HOUSTON TX	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

D HARCHARIK, D.G.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
396 ALHAMBRA CIRCLE	
CORAL GABLES FL 33134	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pam Saidon Asst Secretary 3-31-98 (954) 983-9880

CR2E037 (10/97)