

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moram Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P95000083363 (8)
 1. Corporation Name
CONTECH CLEANING AND DISASTER SERVICES, INC.



Principal Place of Business 4852 WEST GANDY BLVD. TAMPA FL 33611	Mailing Address 4852 WEST GANDY BLVD. TAMPA FL 33611-3003
--	---

3. Date Incorporated or Qualified 10/31/1995		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-3342090		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BAKER, KEVIN 4852 WEST GANDY BLVD. SUITE 248 TAMPA FL 33611		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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, KEVIN	1.2	NAME
STREET ADDRESS	4852 WEST GANDY BLVD.	1.3	STREET ADDRESS
CITY-ST-ZIP	TAMPA FL 33611	1.4	CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, ANDREW	2.2	NAME
STREET ADDRESS	4852 WEST GANDY BLVD.	2.3	STREET ADDRESS
CITY-ST-ZIP	TAMPA FL 33611	2.4	CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAGANO, FRANK	3.2	NAME
STREET ADDRESS	4852 WEST GANDY BLVD.	3.3	STREET ADDRESS
CITY-ST-ZIP	TAMPA FL 33611	3.4	CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	NAME
STREET ADDRESS		4.3	STREET ADDRESS
CITY-ST-ZIP		4.4	CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	NAME
STREET ADDRESS		5.3	STREET ADDRESS
CITY-ST-ZIP		5.4	CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	NAME
STREET ADDRESS		6.3	STREET ADDRESS
CITY-ST-ZIP		6.4	CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for an 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.

CR2E034 (9/96)

[Handwritten Signature] _____ *[Handwritten Date]* 4/12/97