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 PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 294961

(8)

KLEEN MASTER, INC.

	FILE		
May 0	5 199	97 8:	00am
Secr	etary	of S	tate

Principal Pla	ice of Business	Mailing Address						
B20 NE 126 STREET P O BOX 61118 NORTH MIAMI FL 33161 US		820 N E 126 ST P O BOX 61118 MIAMI FL 33161-4906	820 N E 126 ST P O BOX 61118					
					3. Date Incorporated or Qualified		Report	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Α	oplied For
21		26			59-1109034		N	ol Applicable
Suite, Ap	t. #, etc	Suite, Apt. #, etc.			6. Certificate of Status Desired	×		Additional equired
City & Sta	ate	City & State			Election Campaign Financin Trust Fund Contribution	,		May Be to Fees
Zφ	Country	<i>7</i> _{IP}	Country	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability			
24	25	29	30		Florida Statutes	Yes [
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New	Registered	Agent	
KR	RETZSCHMAR, TED		81	Name	1 Lastin Aug.			
	0 NE 126 ST		82	Street Addr	ess (P.O. Box Number is Not Acce	ntable)		
	ORTH MIAMI FL 33161			Oliobi Addi	505 (F.O. DON FORTION TO THE PROPERTY	pidoloj	1	
,,,			83			gr /		
			0.5	- Ca.		1 10	ine 7m	Cada
			64	City		FL	85 Zip	Code
	it to the provisions of Sections 607.6 registered agent, or both, in the St am familiar with, and accept the ob	Q			1. i Effettute			
SIGNATURE	Styrusture, typed or printed name of registered	Lagont and title if applicable. (NO)			red when reinslating)	DATE	:	
SIGNATURE	Standare typed or printed name of registered	fagoril and title if applicable. (NOI AND DIRECTORS					DIRECTO	RS IN 12
	Standare typed or printed name of registered		E Registered Age		red when reinstating)		DIRECTO	
12.	Standare typed or printed name of registered	AND DIRECTORS	E Registered Age		red when reinstating)			
12.	Standard System of painted name of registered OFFICERS P KERTZSCHMAR, TED	AND DIRECTORS	E Registered Age 13. 1.1 TITLE	en signature requir	red when reinstating)			
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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 oal Lam 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 chapted, or on an attachment with an address.

SIGNATURE: