

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 492694 (5)

1. Corporation Name

ACTION PRESSURE CLEANING SYSTEMS, INC.



Principal Place of Business

Mailing Address

**3140 HWY 60 EAST
VALRICO FL 33594**

**3140 HWY 60 EAST
VALRICO FL 33594**

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

29 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified
12/17/1975

3a. Date of Last Report
05/01/1995

4. FEI Number

59-1635956

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WECKMAN, ROBERT
1107 SUNSHINE AVE.
BRANDON FL 33511**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

DELETE

1.1 TITLE

Change

Addition

NAME

WECKMAN, J. ROBERT

1.2 NAME

STREET ADDRESS

1107 SUNSHINE AVE.

1.3 STREET ADDRESS

CITY- ST- ZIP

BRANDON FL

1.4 CITY- ST- ZIP

TITLE

S

DELETE

2.1 TITLE

Change

Addition

NAME

WECKMAN, ANN

2.2 NAME

STREET ADDRESS

1107 SUNSHINE AVE.

2.3 STREET ADDRESS

CITY- ST- ZIP

BRANDON FL

2.4 CITY- ST- ZIP

TITLE

DELETE

3.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

DELETE

4.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

DELETE

5.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

DELETE

6.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that no 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.

SIGNATURE:

Robert Weckman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96 813685002
DATE DAY/HR/PHONE #

CR2E034 (12/95)