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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000000833 (1)

1. Corporation Name
ICLEAN AMERICA, INC.



Principal Place of Business
1540 GULF BLVD., STE. 1706
CLEARWATER FL 34630

Mailing Address
1540 GULF BLVD., STE. 1706
CLEARWATER FL 34630-2863

3. Date Incorporated or Qualified
02/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4200 W. CYPRESS ST.

26 4200 W. CYPRESS ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #400

27 #400

City & State

City & State

23 TAMPA FL.

28 TAMPA FL.

Zip

Country

Zip

Country

24 33607

25 U.S.A.

29 33607

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STONE, R. AVERY
1540 GULF BLVD., STE. 1706
CLEARWATER FL 34630

81 Name

R. AVERY STONE

82 Street Address (P.O. Box Number is Not Acceptable)

4200 W. CYPRESS ST.

83

SUITE 400

84 City

TAMPA FL

85 Zip Code

33607.

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

R. AVERY STONE

2-14-97

Signature of agent or principal officer and director, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP
NAME STONE, R. AVERY
STREET ADDRESS 1540 GULF BLVD., STE. 1706
CITY - ST - ZIP CLEARWATER FL 34630

1.1 TITLE PST
1.2 NAME R. AVERY STONE
1.3 STREET ADDRESS 4200 W. CYPRESS ST. SUITE 400
1.4 CITY - ST - ZIP TAMPA FL. 33607.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R. AVERY STONE

2-14-97

813-248-0505

CR2E034 (9/96)