FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G44080

(1)

PRO CLEAN SERVICES, INC.

Mailing Address Principal Place of Business % BEVERLEY BRANCO % BEVERLEY BRANCO 8289 WOOD LAKE RD. 6289 WOOD LAKE RD. JUPITER FL 33458-2449 JUPITER FL 33458 3. Date Incorporated or Qualified 3a. Date of Last Report 06/17/1983 04/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2304117 26 Not Applicable Suite, Apt. #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm ID}$ Country Žip Country 8. This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🔲 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BRANCO, BEVERLEY 6289 WOODLAKE ROAD Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33458 83 84 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 reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE Change Addition TITLE 11 TITLE **BRANCO, BEVERLEY** NAME 1.2 NAME 6289 WOODLAKE ROAD 1.3 STREET ADDRESS STREET ADDRESS Jupiter Fl 1.4 City - St - ZiP CITY-ST-78 DELETE Change ___ Addition HILE 21 TrILE NAME 22 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY- ST-ZIP CITY SI-7F DELETE Change Addition 31 TITLE THEF NAME 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** 3 4. CITY-ST-ZIP CITY-ST-ZIS DELETE Change Addition 41 TITLE DILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 5 4 CITY-ST-ZIP CITY: \$1 - 7/2 DELETE Change Addition HILE 6.1 TITLE NAME 62 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6 4 CITY - ST - ZIP 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 arm 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:



FILED

Apr 21 1997 8:00am

Secretary of State