FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # H24736 (1)

1. Corporate Name
SIR CLEAN BUILDING SERVICES, INC.

Principal Place of Business
3318 W BROWARD BLVD
FT. LAUDERDALE FL 33312
US

Mailing Address
3318 W BROWARD BLVD
FT. LAUDERDALE FL 33312
US

3. Date Incorporated or Qualified: 10/10/1984
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21 3701 NW 16 STREET
Suite/Apt #: 22 Suite 1
City & State: 23 LAUDERHILL, FL
Zip: 24 33311 Country: 25 US

2a. Mailing Address
26 4897 NW 67 AVE
Suite/Apt #: 27
City & State: 28 LAUDERHILL, FL
Zip: 29 3319 Country: 30 US

4. FEI Number: 59-2399228
Applied For / Not Applied For

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. Is the corporation organized under Florida Cooperative Law? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
WRIGHT, ANTHONY D.
4897 NW 67 AVE
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent
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 Section 607.0505, Florida Statutes, the undersigned corporation adopts the following amendment(s) to its Articles of Incorporation or other organizational document filed with the Department of State. Amendment(s) adopted: (attach additional page if necessary). The date of adoption of the amendment(s) was/were: (mm/dd/yyyy). If no date is given, the amendment(s) is/are effective upon filing.

SIGNATURE

12. Officers and Directors

Title	PTD
Name	WRIGHT, ANTHONY D.
Address	4897 NW 67 AVE
City, State, Zip	LAUDERHILL FL
Title	VSD
Name	WRIGHT, THELMA B.
Address	4897 NW 67 AVE
City, State, Zip	LAUDERHILL FL
Title	D
Name	SCOTT, LAURETTE A.
Address	613 FAMCEE STR
City, State, Zip	TALLAHASSEE FL

13. Additional Changes to Officers and Directors
Type: Add / Delete
Title
Name
Address
City, State, Zip

14. I hereby certify that the information supplied with this report, including any supplemental information, is true and complete. Each officer and director listed herein consents to serve in the capacity indicated. If this report is being filed more than one year after the last report, I further certify that I am a director or officer of the corporation or a person authorized by the corporation to file this report. I understand that I am providing electronic signature of these facts pursuant to Section 668.003, Florida Statutes, and that my electronic signature shall have the same legal effect as if made under oath; that I am aware of the provisions of Section 817.155, Florida Statutes, and that my electronic signature shall be deemed to be my signature and have the same force and effect as if I had affixed my signature.

SIGNATURE: Anthony D Wright, ANTHONY D. WRIGHT 4-26-95 305-583-6272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0221020 CP