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 # **K82507** **(0)**

1. Corporation Name

GOLF CLEAN, INC.

Principal Place of Business	Mailing Address
536 E. TARPON AVENUE TARPON SPRINGS FL 34689	536 E. TARPON AVENUE TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified: 04/21/1989	3a. Date of Last Report: 04/04/1995
4. FEI Number: 59-2946538	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MAURO, EDWARD
774 RANCH ROAD
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: KEN MAURO
82 Street Address (P.O. Box Number is Not Acceptable): 536 E. TARPON AVE
83: SUITE 5
84 City: TARPON SPRINGS FL 85 Zip Code: 34689

11. Pursuant to the provisions of Sections 607.0505 and 617.0505, 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: Ken Mauro — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MAURO, EDWARD		12 NAME		
STREET ADDRESS	774 RANCH ROAD		13 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE	VP	☒ Change ☐ Addition
NAME	LECOQ, PETER G.A.		22 NAME		
STREET ADDRESS	1803 LENNOX RD, E		23 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		24 CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	☐ DELETE	31 TITLE	P	☒ Change ☐ Addition
NAME	MAURO, KEN		32 NAME		
STREET ADDRESS	5918 DERRINGER COURT		33 STREET ADDRESS	10620 ALICO PASS	
CITY-ST-ZIP	NEW PORT RICHEY FL		34 CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is valid and duly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added above.

SIGNATURE: Ken Mauro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Electronic Filing #

CR2E034 (12/95)