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May 07 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 # K82507 (0)
1. Corporation Name
GOLF CLEAN, INC.

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

Mailing Address
536 E. TARPON AVENUE
TARPON SPRINGS FL 34689-4344



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/21/1989		3a. Date of Last Report 04/22/1996	
21		26		4. FEI Number 59-2946538		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAURO, KEN 536 E TARPON AVE SUITE 5 TARPON SPRINGS FL 34689				81 Name LAURENCE L. FEIST 82 Street Address (P.O. Box Number Is Not Acceptable) 536 E. TARPON AVENUE 83 SUITE 5 84 City TARPON SPRINGS FL 85 Zip Code 34689			

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: *Laurence L. Feist* CONTROLLER DATE: 04/28/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECOQ, PETER G.A.	1.2 NAME	
STREET ADDRESS	1803 LENNOX RD, E	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURO, KEN	2.2 NAME	
STREET ADDRESS	10620 ALICO PASS	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Laurence L. Feist* DATE: 04/28/97 DAYTIME PHONE: 813-943-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR