FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**Corporation Name (8)AWNCLEAN INC. Principal Place of Business Mailing Address % FREDERICK DIEHL % FREDERICK DIEHL 470 NE 121ST ST 470 NE 121 ST. DO NOT WRITE IN THIS SPACE BISCAYNE PARK FL 33161 BISCAYNE PARK FL 33161 3. Date Incorporated or Qualified 11/03/1989 2. Principal Place of Business 4. FFI Number 20. Mailing Address Applied For 65-0153131 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zφ Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DIEHL, FREDERICK 470 NE 121ST ST. 62 Street Address (P.O. Box Number is Not Acceptable) **BISCAYNE PARK FL 33161** 63 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE TITLE DIEHL, FREDERICK 1.2 NAME NAME 470 NE 121ST ST. 1.3 STREET ADDRESS STREET ADDRESS **BISCAYNE PARK FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change DELETE TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. Thereby 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 changes, or or an altachment with an address.

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APRIL 10, 1998

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