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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:31

DOCUMENT # **L32230** **(9)**

1. Corporation Name
ABSOLUTE ENVIRONMENTAL CLEANING SYSTEMS INC.

Principal Place of Business	Mailing Address
2615 SOUTH UNIVERSITY DRIVE DAVIE FL 33328	2615 SOUTH UNIVERSITY DRIVE DAVIE FL 33328

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/22/1989**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **65-0168125** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COHEN, BARRY
9440 POINCIANA PLACE, #111
FT. LAUDERDALE FL 33324

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable): 4780 S.W. 74TH Terrace
03
04 City: Davie FL 05 Zip Code: 33314

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: _____ BARRY COHEN/PRESIDENT 01-10-95
(Signature of President or Other Officer if Registered Agent is a Corporation) (NOTE: Registered Agent Signature required when marked) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P	11 TITLE	☐ Change ☐ Addition
12 NAME	COHEN, BARRY	12 NAME	
13 STREET ADDRESS	4780 SW 74TH TERRACE	13 STREET ADDRESS	
14 CITY ST ZIP	DAVIE FL	14 CITY ST ZIP	
21 TITLE	VP	21 TITLE	☐ Change ☐ Addition
22 NAME	ASANO-COHEN, LYNN M	22 NAME	
23 STREET ADDRESS	4780 SW 74TH TERRACE	23 STREET ADDRESS	
24 CITY ST ZIP	DAVIE FL	24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily 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 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: Lynn M Asano-Cohen LYNN M. ASANO-COHEN VICE PRES. 01-10-95 (305)472-3773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code & Daytime Phone #)

0238516 CP