## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 07 1997 8:00am

Secretary of State

Daytime Phone I

Date

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE: V

DOCUMENT # **L65662** 

(3)

CRYSTAL CLEAN SERVICES, INC. OF BROWARD Mailing Address Principal Place of Business P. O. BOX 794 P. O. BOX 794 DEERFIELD BCH. FL 33441 DEERFIELD BCH. FL 33443-0794 3a. Date of Last Report 3. Date Incorporated or Qualified 04/12/1990 07/26/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0331118 Not Applicable 26 \$8.75 Additional Suite, Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Country Zin Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name PUTKA, WILLIAM R. 550 LOCK RD. 82 Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BCH, FL 33442 83 Zip Code 84 City 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 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 Signature, typicd or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition OF1 FTF 1.1 TITLE TITLE PUTKA, WILLIAM R. 1,2 NAME 1120- RR SW 1-St WAY NAME 500 LOCK RD. 1.3 STREET ADDRESS STREET ADDRESS DEERFIELD BCH. FL 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CHY-ST-ZIP Change Addition DELETE 3.1 TITLE THLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-7/P Change Addition DELETE 4.1 TITLE MILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP City-St-Zip Addition Change DELETE 5.1 TITLE 1tH F 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST-ZIF Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with 1s 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 supplied ental actual 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 acceiver of 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, poor an attriction with an address.