**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39949 (5)

1. Corporation Name

FISHIN' KIDS STAY CLEAN, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7855 WILLOW SPRING DRIVE, APARTMENT 715<br>P O BOX 6170, LAKE WORTH, FL 33466<br>LAKE WORTH FL 33467 -3221 | 7855 WILLOW SPRING DRIVE, APARTMENT 715<br>P O BOX 6170, LAKE WORTH, FL 33466-1040<br>LAKE WORTH FL 33467 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1990
3a. Date of Last Report: 03/24/1994
4. FEI Number: 65-0256899 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 2. Principal Place of Business<br>21 7855 Willow SpringDr.<br>Suite, Apt. #, etc.<br>22 #715<br>City & State<br>23 Lake Worth, Fl.<br>Zip 24 33467-3221 Country 25 Palm Beach | 2a. Mailing Address<br>26 P.O.Box 6170<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 Lake Worth, Fl.<br>Zip 29 33466-1040 Country 30 Palm Bch. |

5. Certificate of Status Desired XX — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SIMUNEK, DONALD R.<br>7855 WILLOW SPRING DRIVE, APT #715<br>LAKE WORTH FL 33467-3221 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

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 _____ 4/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VP | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SIMUNEK, EMILY | 1.2 NAME | |
| STREET ADDRESS | 7855 WILLOW SPRG DR #715 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | 1.4 CITY-ST-ZIP | |
| TITLE | ED | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | SIMUNEK, DONALD R. | 2.2 NAME | ED<br>Donald R. Simunek |
| STREET ADDRESS | 100 MADRID DR, C209 | 2.3 STREET ADDRESS | 7855 Willow Spring Dr. #715 |
| CITY-ST-ZIP | PALM SPRINGS FL | 2.4 CITY-ST-ZIP | Lake Worth, Fl. 33467-3221 |
| TITLE | PA | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | KOENIG, JOHN J | 3.2 NAME | |
| STREET ADDRESS | 2450 METRO CENTER BLVD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | CC | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | KEISER, WILLIAM | 4.2 NAME | CC<br>William Keiser |
| STREET ADDRESS | 3203A SPANISH WELLS DRIVE | 4.3 STREET ADDRESS | 2914B Spanish Trail |
| CITY-ST-ZIP | DELRAY BEACH FL | 4.4 CITY-ST-ZIP | Delray Bch., Fl. 33483 |
| TITLE | D | 5.1 TITLE | ☒ Change ☐ Addition |
| NAME | POZNICK, DORIS | 5.2 NAME | D<br>Jeff Ray |
| STREET ADDRESS | 4100 N. OCEAN BLVD. | 5.3 STREET ADDRESS | 1240 W. Industrial Ave. |
| CITY-ST-ZIP | SINGER ISLAND FL | 5.4 CITY-ST-ZIP | Boynton Beach, Fl. 33426 |
| TITLE | D | 6.1 TITLE | ☒ Change ☐ Addition |
| NAME | PATCHEN, GARY | 6.2 NAME | D<br>Mary Otto |
| STREET ADDRESS | 2235 OKEECHOBEE BLVD | 6.3 STREET ADDRESS | 2501 N.W. 21st St. |
| CITY-ST-ZIP | WEST PALM BEACH FL | 6.4 CITY-ST-ZIP | Boynton Bch., Fl. 33436 |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Don Simunek 4/13/95 407 968-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DON SIMUNEK