

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
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 JUL 24 AM 8:26

DOCUMENT # P93000041899 (4)

1. Corporation Name

EXECU CLEAN, INC.

Principal Place of Business

3900 N.W. 120TH WAY
SUNRISE FL 33323
US

Mailing Address

P. O. BOX 450544
SUNRISE FL 33323
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1993

3a. Date of Last Report

07/26/1994

4. FEI Number

65-0419547

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 199.022,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1802 N. University Dr.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 203C

Suite, Apt. #, etc.

City & State

23 Plantation FL

City & State

28

Zip

24 33322

Country

25 Broward

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, JAMES C.
3900 NW 120TH WAY
SUNRISE FL 33323

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when remodeling

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	D KING, JAMES C
STREET ADDRESS	3900 NW 120TH WAY
CITY, ST, ZIP	SUNRISE FL 33323
TITLE	VP
NAME	DVS BADILLO, SAMUEL
STREET ADDRESS	11440 NW 37TH PLACE
CITY, ST, ZIP	SUNRISE FL
TITLE	D
NAME	HANFORD, JAMES
STREET ADDRESS	11155 NW 26 ST
CITY, ST, ZIP	SUNRISE FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	Hanford James	
1.3 STREET ADDRESS	11155 NW 26 ST	Delete
1.4 CITY, ST, ZIP	Sunrise FL 33322	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(b), 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:

James C. King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-95 (305) 741-3549
Date (Telephone Number)