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

PROFIT .. CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070203 (3)

PIONEER DRIVE-KLEAN SERVICES, INC.

Principal Place of Business Mailing Address							Pa nn farn arnn	AND UNIT	\$ (I)) 	
9908 FLYNT CIRCLE ORLANDO FL 32825 9908 FLYNT CIRCLE ORLANDO FL 32825-8562										
						3. Date Incorporated or Qualified 10/04/1993	3a. Date of 05/01/1		eport	
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ap	plied For	
21	4 44	26				59-3205867		 _	t Applicable	
Suite, Apt.	#, BIC.	Suite, Apt. #, etc.	,			5. Certificate of Status Desired	□ \$	Fee Re	Additionat equired	
City & State	9	City & State	City & State			6. Election Campaign Financing		5.00	May Be	
23		28				Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zφ	Cou	intry		8. This corporation has liability for i			. 199.032,	
24	25 9. Name and Address of Curr	29	30]			Florida Statutes 10. Name and Address of New Re	Yes Ne			
OAD		one regiments a agent		81	Name	ig. Hame and page of their tre	giotorou rigo.			
GARCIA, BENIGNO III 9908 FLYNT CIRCLE				20		Addition (D.O. D. M. others Makes and M. C.				
	ANDO FL 32825			82	Street Address (P.O. Box Number is Not Acceptable)					
				83						
				84	City		FL 85	Zip (Code	
11. Pursuant t	to the provisions of Sections 607.0	02 and 607 1508. Florida Stat	ules the al	20/6	named corno	ration submits this statement for the p		nging it	s registered	
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such change wa:	s authorizei	dibv	the corporation	on's board of directors. I hereby accep	t the appointr	nent as	registered	
•	its familiar with, and accept the ob-	galions of, Section our 1000s, i	rionda Jia	uics.						
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable (N	OTf: Registered	d Agen	signature required	d when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	ECTOR	S IN 12	
TITLE	D	☐ DELEȚE	1,1 TI	TLE				Change	Addition	
NAME	GARCIA, BENIGNO #I		12 N/	ME						
STREET ADDRESS	9908 FLYNT CIRCLE	1.3		1.3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32825			1Y-S1	- 7IP					
TITLE		☐ DECETE	2.1 TO				LJ	Change	☐ Addition	
NAME			2.2 N/							
STREET ADDRESS			1		IDORESS	-				
CITY-ST-ZIP		DELLITE	2,40 3170	11Y - \$1	I - ZII ²			Change	Addition	
TITLE NAME			31 N					onanyo		
STREET ADDRESS					IDORESS					
CITY-ST-ZIP				11Y-S1						
TITLE		☐ DELETE	4.1.10		1-511			Change	Addition	
NAME		_	4, 2 N					•		
STREET ADDRESS					DDRESS					
CITY-ST-ZIP			4	TY-\$1						
TITLE		DELFTE	5.1 Ti		· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME			52 N/	AME						
STREET ADDRESS			5381	reet A	NDDRESS					
CITY-ST-ZIP			5,4 CI	IY-S1	- ZIP					
TITLE		☐ DELETE	6.1 Tr	1LE				Change	Addition	
NAME			6.2 N/	AME						
STREET ADDRESS			6.3 \$1	IREE LA	ADDRESS					
CITY_ CT. 7ID			โลส กับ	17. 91	. 7ID					

14. I do hereby 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 eath; 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.

CIONATURE: 2910

Perolina Horain I

4/24 97 (407)381-4962

FILED

May 05 1997 8:00am

Secretary of State