

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 4: 05

DOCUMENT # P93000073759 (1)

1. Corporation Name
CLEAN RITE, INC.

Principal Place of Business Mailing Address
10544 WHEELHOUSE CIR 10544 WHEELHOUSE CIR
BOCA RATON FL 33428-1214 BOCA RATON FL 33428-1214

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/18/1993 3a. Date of Last Report 01/24/1994

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	65-0441317	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MARCONI, ROBERT M
ZIMMERMAN MARCONI & CO.
13320 SW 128TH ST
MIAMI FL 33186

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	FL
B3.	
B4. 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 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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 1-12-95

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P NAME: GRAVES, GARY L STREET ADDRESS: 10544 WHEELHOUSE CIRCLE CITY, ST, ZIP: BOCA RATON FL	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated in Sections 110.07(3)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am secretary or clerk for the corporation or the registered agent named to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE: *[Signature]* DATE: 1-12-95 (407) 488-1430