

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000076896 (8)
1. Corporation Name
ESPECIALLY CLEAN, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7491 NORTH FEDERAL HWY. BOCA RATON FL 33487		Mailing Address 7491 NORTH FEDERAL HWY. BOCA RATON FL 33487	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent WARWICK, JOHN 7491 NORTH FEDERAL HWY. BOCA RATON FL 33487		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	11 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARWICK, JOHN	12 NAME					
STREET ADDRESS	2625 N.W. 31ST ST.	13 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 3343-4	14 CITY-ST-ZIP					
TITLE	D	21 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARWICK, JUDY	22 NAME					
STREET ADDRESS	2625 N.W. 31ST ST.	23 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 3343-4	24 CITY-ST-ZIP					
TITLE		31 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME					
STREET ADDRESS		33 STREET ADDRESS					
CITY-ST-ZIP		34 CITY-ST-ZIP					
TITLE		41 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME					
STREET ADDRESS		43 STREET ADDRESS					
CITY-ST-ZIP		44 CITY-ST-ZIP					
TITLE		51 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME					
STREET ADDRESS		53 STREET ADDRESS					
CITY-ST-ZIP		54 CITY-ST-ZIP					
TITLE		61 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME					
STREET ADDRESS		63 STREET ADDRESS					
CITY-ST-ZIP		64 CITY-ST-ZIP					

14. I 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 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.

CR2E034 (10/97)