**PROFIT** CORPORATION ANNUAL REPORT 1999

ESPECIALLY CLEAN, INC.

1. Corporation Name



DOCUMENT # P93000076896

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90102 011 \*\*\*150.00



Principal Place of Business Mailing Address						
7491 NORTH FE BOCA RATON F	EDERAL HWY.	7491 NORTH FEDERAL HWY. BOCA RATON FL 33487				
5507 III 011 12 55107						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						11/01/1993
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For 65-0449954 Not Applicable
26						65-0449954   Not Applicable   \$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing 55.00 May Be
23 28						Trust Fund Contribution Added to Fees
Zip						8. This corporation owes the current year Intangible
24	25 29 30					Personal Property Tax.
	. 9. Name and Address of Curre	nt Registered Agent	81		ame	10. Name and Address of New Registered Agent
I MAIAD						
WARWICK; JOHN 7491 NORTH FEDERAL HWY.			82	St	treet Addres	ss (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33487			83			
BOOK INTOKER SOLOS			103			
			84	C	ity	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at				e-na	med corpor	ation 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 nereby 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 ag	ent and title if applicable (NOTE: Re	egistered Ager	nt sign	nature required w	vhen reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	WARWICK, JOHN		1.2 NAME			
STREET ADDRESS			1.3 STREET	T ADD	RESS	
CITY-ST-ZIP	BOCA RATON FL 3343-4		1.4 CITY-S	T-ZIP	-	Character C Addition
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	WARWICK, JUDY		2.2 NAME			
STREET ADDRESS			1	2.3 STREET ADDRESS		ŕ
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIF	2	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE			_ Orango Automon
NAME			3.2 NAME		NDF-00	
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME			
			4.3 STREE		IRESS	
STREET ADDRESS			4.4 CITY-5			
CITY-\$T-ZIP		☐ DELETE	5.1 TITLE		<del></del>	☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADD	RESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	,	
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADD	RESS	

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP