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May 08 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 # P93000085103 (8)

1. Corporation Name
EZ WIPE, INC.



Principal Place of Business
13348 61ST STREET, N.
BAY 5
PALM BEACH GARDENS FL 33412
US

Mailing Address
P.O. BOX 32026
BAY 5
PALM BEACH GARDENS FL 33412
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 8087 MONETARY DRIVE

26 P.O. BOX 32026

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT F-4

27

City & State

City & State

23 RIVIERA BEACH FL

28 PALM BEACH GARDENS FL

24 Zip 33404

Country

29 Zip 33420

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUINT, MICHELLE L
13348 61ST STREET
ROYAL PALM BEACH FL 33412

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
QUINT, MICHELLE L
13348 61ST STREET
ROYAL PALM BEACH FL 33412

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
[] Change [] Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
[] Change [] Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
[] Change [] Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
[] Change [] Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
[] Change [] Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
[] Change [] Addition

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.

SIGNATURE: Michelle L. Quint MICHELLE L. QUINT 4/25/98 (561)626-3668

CR2E034 (10/97)