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Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90149 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000007720

1. Corporation Name  
WHEELIE KLEEN, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 5150 WEST COPANS RD. #1102 MARGATE FL 33063  
Mailing Address: 5150 WEST COPANS RD. #1102 MARGATE FL 33063

3. Date Incorporated or Qualified: 01/24/1994

2. Principal Place of Business (21-23) and Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 65-0477441  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax: Yes/No

9. Name and Address of Current Registered Agent: MCGOUGH, MARGARET E, 5150 WEST COPANS RD. #1102, MARGATE FL 33063

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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 (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 rows for Officers and Directors (12.1-12.12). Columns include Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

Table with 12 rows for Additions/Changes to Officers and Directors (13.1-13.12). Columns include Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and 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, with all other like empowered.

SIGNATURE: [Handwritten Signature] 3/11/99 9346953134  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)