


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0060493

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000020968</b>					
1. Corporation Name <b>TECHNICLEAN SYSTEMS, INC.</b>					

**FILED**

99 JUL 13 PM 5:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 5713 CORPORATE WAY SUITE 100 WEST PALM BEACH FL 33407	Mailing Address 9033 SE ANSTIS PL HOBE SOUND FL 33455 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>9033 SE ANSTIS PL</b>		2a. Mailing Address 26 <b>P.O. Box 8946</b>		3. Date Incorporated or Qualified <b>03/14/1994</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>65-0482139</b>	
City & State 23 <b>HOBE SOUND, FL</b>		City & State 28 <b>HOBE SOUND, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>33455</b>		Zip 29 <b>33475</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROWLAND, KEN 9033 SE ANSTIS PLACE HOBE SOUND FL 33455</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROWLAND, KEN</b>	1.2 NAME	<b>(Diacecop) THOMAS F. HULLEN</b>
STREET ADDRESS	<b>9033 SE ANSTIS PL</b>	1.3 STREET ADDRESS	<b>2912 29th Court</b>
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	1.4 CITY-ST-ZIP	<b>Hopkinton FL 33477</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: **KEN ROWLAND, PRES.** 12 July 1999 5615453238  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

RESIDENTIAL



COMMERCIAL

FLORIDA DEPARTMENT OF STATE  
Annual Reports Filings  
Division of Corporations  
P O Box 6327  
Tallahassee Fl. 32314

Dear Sirs:

I never received the first notice for filing 1999 annual report .

Please change mailing address to:

P O Box 8546  
Hobe Sound, Fl. 33475

Sincerely,

A handwritten signature in cursive script, appearing to read "Ken Rowland".

KEN ROWLAND, pres.  
TECHNICLEAN SYSTEMS, INC.  
P94000020968

CEDAR RESTORATION • MILDEW/STAIN REMOVAL • PROTECTIVE COATINGS

5713 CORPORATE WAY • SUITE 100 • WEST PALM BEACH, FL 33407 • (407) 697-0967 • (407) 225-5325