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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 20 1997 8:00am Secretary of State

POCUMENT # P94000047530 (8)					
DOCUMENT # P94000047530 (8) SONICLEAN, ING Julia Hill Custom Window provinged to Treatments / Soviclean Inc. Nym				α	
present	shy to - Treats	ments / Boniclean	v Fix. NOM		
Principal Plac	_/	Mailing Address			:
408 SUN LAKE CIRCLE 408 SUN LAKE CIRCLE					
100 100 100 LAKE MARY FL 32746-6139 US US US US US US US U			Ò		
			•	3. Date Incorporated or Qualified	3a. Date of Last Report
				06/21/1994	05/01/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 // 3 Suite, Apt.	Tincapple Court	26 // // Suite, Apt. #, etc.	capple Court	59-3257132	Not Applicable
22 Suite, Apr.	#, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	θ 1	City & State	n	6. Election Campaign Financing	\$5,00 May Be
23 LONG	wood, FL	28 Lowy wood	FL	Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Gountry US	8. This corporation has liability for	
24 3775	9. Name and Address of Curren		30 47	Florida Statules 10. Name and Address of New Re	Yes No
Vini		t Hoßistoren Ağerit	B1 Name	1/4/ =	sgistored Agent
HILL, FRANK R -488 CUN LAKE CIRCLE 82 Street Addre				till from R	Clas
#100			82 Street Add	lress (P.O. Box Number is Not Accepta ************************************	DIO)
	E-MARY PL 32748		83		
			84 City		85 Zyp Code
			ميا ''ا	ng arood	FL 32750
office or r	egistered agent, or both, in the State	of Florida, Such change was a	ruthorized by the corpora	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing its registered ept 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 ages	of and title if applicable (NO16	Rog stered Agent signature regu	ired when ternslating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	P	DELETE	1.3 TOLE	P = 15	Change Addition
NAME	HILL, FRANK R		1.2 NAME	Hill, Frank R. 113 Procapple Court	
STREET ADDRESS	408 SUN LAKE CIRCLE #100		1.3 STREET ADDRESS	113 Pincapple Court	
CITY-ST-ZIP	LAKE MARY FL-	DLLETE	1.4 C(1Y-S1-ZIP 2.1 TITLE	Longwood, FL 32	Change Addition
TITLE NAME		[_] ((())	2.1 (I)(E 2.2 NAME	July Hill	E Change E Accident
STREET ADDRESS			2.3 STREET ADDRESS	us simeally court	
CITY-ST-ZIP			2.4 City-St-ZiP	Julia Hill and Longwood FC	
TITLE		DELETE	3.1 10115		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		}
CITY-ST-ZIP		T 051.537	34. City-St-ZiP		
TITLE		∐ DELENE	4.1 TITLE		Change L. Addition
name Street address			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		·
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C(1 Y - ST - Z(P		
TITLE		☐ DECETE	6.1 TITLE	ተመጠጠው ተተ	Change Addition Addition
NAME			G.2 NAME	1,0000211 -03/20/97011	20021
STREET ADDRESS			63 STREET ADDRESS	***165.00	Manager and Market State Control of the Control of
14. I do heret	by cortify that the information supplied	with this filing does not qualif	y for the exemption state	d in Section 119,07(3)(i), Florida Statute	es. 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 this 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 navigable appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
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