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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400055528 (1)

CERTIFIED CLEANING AND RESTORATION CORPORATION

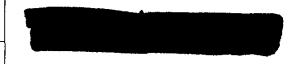
Q QRTIFIED RESTORATION (Namech g. 1/1/98)
al Place of Business

Principal Place of Business

1116 SE 12TH AVE CAPE CORAL FL 33990

2134 S.W. 44TH TERRACE CAPE CORAL FL 33914

FILED Apr 13 1998 8:00am Secretary of State



US							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified		<u> </u>	
							07/27/1994			
2.	Principal Place of Business	28	. Mailing Address				4. FEI Number	L	Applied For	
1		26					65-0511017		Not Applicable	
2	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$ 8.	75 Additional se Required	
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution	ncing \$5.00 May Be Added to Fees		
4	' Zip Country 25	29	Zip	Country 30] Yes	ar Intangible	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
MELUNEIN, SILVIA E				81	Name			1		
				82	Street Address (P.O. Box Number is Not Acceptable)					
	•				63					
	•				84	City		85	Zip Code	

11, Pursuant to the provisions of Soctions 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 (NO1£ · Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition HELDRETH, WILLIAM R 1.2 NAME 2134 S.W. 44TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-7IP DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 City-St-ZiP 5000024878 Change DELETE Addition TITLE 6.1 TITLE -04/14/98--01045--00**6** NAME 6.2 NAME ***150.00 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 in trustee impowered 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 an an attachment with an address.

WILL COLUBIO