FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

DOCUMENT # P94000057041 (3)

1. Corporate Name
DOCTOR CLEAN II, INC.

Principal Place of Business
2785 BROADWAY
RIVIERA BEACH FL 33404

Mailing Address
2785 BROADWAY
RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1994
3a. Date of Last Report:

2. Principal Place of Business
21 9359 OLD A1A
Suite Apt # etc
22
City & State
23 LAKE PARK FL.
Zip 24 33403 Country 25 U.S.A.

2a. Mailing Address
26
Suite Apt # etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2772476 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has subsidiaries under S. 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent
ELBLONK, IRA
1030 LAKE AVE
SUITE C
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent
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 Section 607.0502 and 607.1008, 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. Having accepted the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOMERS, CAROL
STREET ADDRESS	2785 BROADWAY
CITY ST ZIP	RIVIERA BEACH FL 33404

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE [ ] Change [ ] Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE [ ] Change [ ] Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE [ ] Change [ ] Addition
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TITLE [ ] Change [ ] Addition
NAME
STREET ADDRESS
CITY ST ZIP

14. I hereby certify that the information supplied with this filing, and accompanying documents, has been examined by me and is, to the best of my knowledge and belief, true and accurate. 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 a receiver or trustee or other person authorized to execute this report on behalf of the corporation pursuant to Section 607.0505, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or is attached with an address.

SIGNATURE: Carol Somers (President) 4-17-95 407-845-0532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

0244265 CP