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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DIVISION OF 0 DOCUMENT # P94000070421 (0)

## FILED Feb 06 1998 8:00am Secretary of State

Principal Place of Business	LASAL CLEANER, INC.							
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Principal Flace of Business   Malling Address								
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22. Mailing Address   23. Mailing Address   24. FEI Number   Applied For   Applied For   State   Apt 4, etc.   State   Apt 4, etc.   State	}					·		
Sule, Apt. 4, etc.    28	2 Principal P	lace of Rusiness	2a Mailing Address	<del></del>			<del></del>	Sanlor For
Suite, Apt. 4, etc.  Suite, Apt. 5, etc.  City & State  City & State  City & State  City & State  Zip  Country  Zip  Zip  Country  Zip  Zip  Country  Zip  Zip  Country  Zip  Country  Zip  Zip  Country  Zip  Zip  Zip  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	<del></del>	iace of business	<del>                                     </del>	gress		1	<del></del>	<del></del>
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Zip   Country   Zip   Zi						6 Flories Compaign Financine	<del></del>	
Zip Country Zip Country Zip Country Zip Country 2			- <del> </del>					
25   28   29   30   Personal Property Tax due June 30.   The last of Current Registered Agent   10. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Addr		Country		Country		<del></del>		
9. Name and Address of Current Registered Agent  CATALDO, SAL 5995 BUENA VISTA COURT BOCA RATON FL 33433  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered district. The furnishing visit, and except the obligations of, Section Statutes, the above-named corporation submits this statement for the purpose of changing its registered district. The furnishing visit, and except the obligations of, Section Statutes, the above-named corporation submits this statement for the purpose of changing its registered district. The furnishing visit, and except the obligations of, Section Statutes, the above-named corporation submits this statement for the purpose of changing its registered district. The furnishing visit and except the obligations of, Section Statutes, the above-named corporation submits this statement for the purpose of changing its registered district. The purpose its registered district. The purpose its registered district. The purpose of purpose and pu	<del></del>	— ·	<del>-</del> -			1		
SIGNATURE  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, fine 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 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 office or registered agent, or member with, and accept the originations of Sections 607.0502, Florida Statutes, fine above-named corporation's board of directors. I hereby accept the appointment as 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 directors are corporation's board of directors. I hereby accept the appointment as registered directors are corporation's board of directors. I hereby accept the appointment as registered directors. I hereby				<del>55,</del>				
### SOURT BOCA RATON FL 33433    82   Street Address (P.O. Box Number is Not Acceptable)	CA.	TALDO, SAL		81	Name			
BOCA RATON FL 33433    Ba					Olympia & July	(200 )	<del></del>	
B83   B84   City   FL   B85   Zip Code				82	Street Addr	ess (P.O. Box Number is Not Acceptable	))	
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 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, 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, 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, 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, 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, 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, or both in the state of the property and accept the obligations of products agent. The property accept the appointment as registered agent, or both in the state of the property accept the appointment as registered agent, or both in the state of the property accept the appointment as registered agent, or both in the state of the property accept the appointment as registered agent, or both in the state of the property accept the appointment as registered agent, or both in the state of directors. I hereby accept the appointment as registered agent, or both in the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the corporation of the corporat		O. ( 15 to 0. ( ) 2 to 100		83				
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1.1 Parsuant 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE				84	City		FI 85 Zip	Code
SIGNATURE   Signature   Type of printed name of registered againt and sille it applicables   NOTE, Registered Againt signature required when refinesting)   DATE	11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above	-named corp	oration submits this statement for the pu		its registered
SIGNATURE   Signature   Type of printed name of registered againt and sille it applicables   NOTE, Registered Againt signature required when refinesting)   DATE	office or r	egistered agent, or both, in the State	of Florida, Such change was a	uthorized by	the corporat	ion's board of directors. I hereby accept	the appointment a	s registered
Signature, hype or printed memor for passered against red like 4 applicable   POPTE Registered Again structure (Popter or printed memory for passered against reductive (Popter Anno Directors Nin 12   Popter Nin 12		in lastiliar with, and accept the obligi	anons of, Section 607.0303, Fig	ilua Sialules				
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NAME   CATALDO, SALVATORE   12 NAME   13 STREET ADDRESS   5995 BUENA VISTA CT   13 STREET ADDRESS   14 CITY-ST-2IP	12.	OFFICERS AN				ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
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DELETE   DELETE   2.1 TITLE	STREET ADDRESS	5995 BUENA VISTA CT 1.3 ST		1.3 STREET	ADDRESS.			
NAME  STREET ALDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  3.4 CITY-ST-ZIP  TITLE  Addition  NAME  3.4 CITY-ST-ZIP  TITLE  ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  ADDRESS  CITY-ST-ZIP  TITLE  ASTREET ADDRESS  CITY-ST-ZIP  TITLE  ASTREET ADDRESS  CITY-ST-ZIP  ASTREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  SA CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  Change Addition  Addition  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  CHANGE  Addition  Change Addition  Addition  Change Addition  Addition  Change Addition	CITY-ST/IP	BOCA RATON FL		1.4 CITY-ST	T-ZIP			
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/98

Daytime Phone # 02979