

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000083760 (6)

1. Corporation Name

KLEENSOIL INTERNATIONAL, INC.



Principal Place of Business

20711 US HWY 98
DADE CITY FL 33525

Mailing Address

20711 US HWY 98
DADE CITY FL 33525

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/14/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0312542

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

SCHNEIDER, LAZ L
100 NE 3RD AVE.
SUITE 400
FT. LAUDERDALE FL 33301

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 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 the corporation.

(If Officer: Registered Agent signature required when registering.)

(Date)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KABOT, GARY
STREET ADDRESS 9200 NW 14 CT
CITY-STATE-ZIP PLANTATION FL

TITLE ☐ DELETE

NAME RIGBY, T. ALEC
STREET ADDRESS 1720 S OCEAN BLVD
CITY-STATE-ZIP MANALAPAN FL

TITLE ☐ DELETE

NAME SILVERSTEIN, JOEL
STREET ADDRESS P.O. BOX 4367 N/A
CITY-STATE-ZIP BOCA RATON FL

TITLE ☒ DELETE

NAME THOMAS, DAVID
STREET ADDRESS 20711 US HWY 98
CITY-STATE-ZIP DADE CITY FL

TITLE ☒ DELETE

NAME SMITH, BEN A
STREET ADDRESS 20711 US HWY 98
CITY-STATE-ZIP DADE CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

DIV

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PHIL KABOT
150 S. PINE ISLAND ROAD
PLANTATION, FL 33324

BRIAN K. EYE
20711 US HWY 98
DADE CITY, FL 33525

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 26 if changed, or on an attachment with an address.

SIGNATURE:

Brian K. Eye

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (352)-553-3323

CR2E034 (12/95)