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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P95000059179 (8)

KLEENZ CHEMICAL & WATER MANAGEMENT, INC.

Principal Place of Business Mailing Address 15201 SW 80TH ST P O BOX 160266



MIAMI FL 33193		MIAMI FL 33116-0266					
					3. Date Incorporated or Qualified 08/01/1995	3a. Date of La	st Report
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26			66-0597187		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	.75 Additional
City & State		27				ee Required	
23		City & State	28		6. Election Campaign Financing		5.00 May Be
Zip	Country	Zip	T - Co	ountry	Trust Fund Contribution	A	dded to Fees
24	25	29	30	ond,	8. This corporation has liability for i	No	ar 8 199.032,
	9. Name and Address of Curr		1001		10. Name and Address of New R	<i></i>	
				81 Name			* - /
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134				82 Street Address (P.O. Box Number is Not Acceptable)			
				JUE Street Addr	Bet Address (* . J Dox Hamber is Not Acceptable)		
				83			
				84 City		 8 5	Zip Code
44 5	Manager 100 - 100	00 10074500 5 11 0					·
or registere	o the provisions of Sections 607.05 ed agent, or both, in the State of Fic h, and accept the obligations of, Se	rida. Such change was authorize	d by the	corporation's boar	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing pintment as registe	its registered office ered agent. I am
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E Registere	ed Agent signature require	of when reinstating!	DATE	
12,		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12
TITLE	PST PLOCKING PEDER T	☐ DELETE	1.1	TITLE		Char	nge 🔲 Addition
NAME	BLOCKHUS, DEREK T 15201 SW 80TH ST		1.21	NAME			
STREET ADDRESS	MIAMI FL 33193			STREE1 ADDRESS			
CITY-ST-ZIP TITLE	MINMITE 33183	☐ DELETE		CITY-ST-ZIP		F71 0	
NAME		[] DECEIE		TITLE		Char	nge 🗌 Addition
STREET ADDRESS				NAME			
CHTY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
TITLE	DELETE			TITLE		Char	nge 🗍 Addition
NAME		_		NAME		L.	
STREET ADDRESS			33.	STREET ADDRESS			
CITY-ST-7IP			3.41	CITY-ST-ZIP			
THILE		☐ DELETE	4.1	TITLE		☐ Char	nge 🔲 Addition
NAME			4.2)	NAME			
STREET ADDRESS			4.3 5	STREET ADDRESS			
CITY-ST-ZIP			4.4 (CITY-ST-ZIP			
TITLE		☐ DELETE	5.1	TITLE		🗀 Char	ige 🔲 Addition
NAME			1	NAME			
STREET ADDRESS				STREET ADDRESS			
CHTY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ DELETE		TITLE		Char	nge 🗀 Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP			6.4 (CITY - ST - ZIP		·	

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 13 if changed, or on an attachment with an address.

SIGNATURE:

Blocker DEREK BLOCKHUS 419-96 373-67
OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Proces