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

FILED

98 AUG 19 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended **PROFIT CORPORATION ANNUAL REPORT**
**1998**

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

**DOCUMENT #** P95000059424

1. Corporation Name
Everclean Commercial Cleaning Services, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 2269 S. University Dr. #235 Davie, Fl. 33324 | 2269 S. University Dr. #235 Davie, Fl. 33324 |

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified: 7/31/95

3. FEI Number: 65-060-0034 ☐ Applied For ☐ Not Applicable

4. Certificate of Status Desired ☑ $8.75 Additional Fee Required

5. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

21. Principal Place of Business
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

25a. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

7. Name and Address of Current Registered Agent

Timothy L. Watts
2269 S. University Dr.
#235
Davie, Fl. 33324

10. Name and Address of New Registered Agent

31. Name
32. Street Address (P.O. Box Number is Not Acceptable)
33.
34. City — FL — 35. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Timothy L. Watts<br>6628 Simms St.<br>Hollywood Fl. 33024 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | President<br>James A. Gossett<br>1209 N.W. 126th Ave.<br>Sunrise, Fl. 33323 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Charles A. DeBride<br>2216 Johnson St #2<br>Holly Wood, Fl. 33020 | ☑ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | 700002621517--1<br>-08/20/98--01092--013<br>*****70.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** _____ James A. Gossett 8/10/98 954-245-0211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B 8/19