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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

1	1999	DIVISION OF C	ORPORATIONS	_ 01-29-1999 90055 036 ***150.0	nO
DOCL	MENT # P95000	200200		130.0	•
1. Corporation	on Name	J0U328			
	N'S CLEAN MACHINE, INC.			1	
				A HOUSENERS HE HOLDE SHIFT COMES BOTTE OBENIES	1101 (1111 1112 1112 1111 1111 1111 1111
Principal Pla	ce of Business	Mailing Address		I (991/201) THE ISSUE STATE SOLIT GOLD OF THE	aint fütti aniañ fitfa iraia (ütt faat
13531 WALSINGHAM ROAD 13531 WALSINGHAM ROAD					•
LARGO FL-344	6 44 -	LARGO FL 34644		DO NOT WRITE IN T	HIS SPACE .
				3. Date Incorporated or Qualifed	THE CITYOU
				10/18/1995	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	· .	26		59-3338753	. Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5: Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
24	25		10	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
JOF	RDAN, STEVE & SA	and applications of the control of t	Name		
11605 108TH STREET NO.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	•
SUITE 1000			83	A AR CAR STATE OF THE CANADA STATE OF THE CANA	Moderate Randia
LAR	GO FL 33778		84 City	<u> </u>	85 Zip Code
agrae perse	Same Service	1 1 g		F	-L `
11. Pursuan	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	e of changing its registered
agent. I	am familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes.	on a position of diffusions. Thorough appoint the diff	A A
SIGNATURE	Signafufe kypotan pantaga nago of registered agent a	and file if applicable	legistered Agent signature require	1 - 12 - pd when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PTSD	☐ DELETE	1.1 TITLE	\$ A. M. 78.3	☐ Change ☐ Addition
NAME	JORDAN, STEVE & S.R.	•	1.2 NAME		
STREET ADDRESS	1		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33778	□ DELETE	1.4 CITY-ST-ZIP		
TITLE	î .	C) DELETE	2.1 TITLE 2.2 NAME	•	☐ Change ☐ Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	** ** ** ** ** ** ** ** ** ** ** ** **	ر ده د د م مرجعها	2.4 CITY-ST-ZIP		
TITLE ,	The second secon	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME ()	English Carbinst Co.		3.2 NAME		
STREET ADORESS	Gangedean Gaarguston Gangedean		3.3 STREET ADDRESS		2. 15. 高語(4. 19.80K)。
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4,1 TITLE		கர் : ⊡ Change ்ச்சி⊡ Addition
NAME	para China.		4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP		and the firefield of the control of	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	The second secon	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME	, , , ,		5.2 NAME	17 15 BE	्रा उन्हें नैसिंग्स्ट होत
STREET ADDRESS	- c *: **		5.3 STREET ADDRESS		
CITY-ST-ZIP '	7,00		5.4 CITY- ST-ZIP		·. · · · · · · · · · · · · · · · · · ·
TITLE	1 (1895 Test as 647 8)	☐ DELETE	6.1 TITLE	•	☐ Change ☐ Addition
NAME	1 16 50 50 5 1 2 H		6.2 NAME 6.3 STREET ADDRESS		•
STREET ADDRESS			6.4 CITY-ST-ZIP		
CITY-ST-ZIP					

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 of our an attachment with an address, with all other like empowered.

SIGNATURE

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

913-591-192