

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moram Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000083363 (8)
1. Corporation Name
CONTECH CLEANING AND DISASTER SERVICES, INC.



Principal Place of Business 4852 WEST GANDY BLVD. TAMPA FL 33611	Mailing Address 4852 WEST GANDY BLVD. TAMPA FL 33611-3003
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3. Date Incorporated or Qualified 10/31/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3342090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**BAKER, KEVIN
4852 WEST GANDY BLVD.
SUITE 248
TAMPA FL 33611**

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	BAKER, KEVIN
STREET ADDRESS	4852 WEST GANDY BLVD.
CITY-ST-ZIP	TAMPA FL 33611
TITLE	D <input type="checkbox"/> DELETE
NAME	LYNCH, ANDREW
STREET ADDRESS	4852 WEST GANDY BLVD.
CITY-ST-ZIP	TAMPA FL 33611
TITLE	D <input type="checkbox"/> DELETE
NAME	BRAGANO, FRANK
STREET ADDRESS	4852 WEST GANDY BLVD.
CITY-ST-ZIP	TAMPA FL 33611
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11-1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-1	
13-1	
14-1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15-1	
16-1	
17-1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18-1	
19-1	
20-1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21-1	
22-1	
23-1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24-1	
25-1	
26-1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27-1	
28-1	
29-1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30-1	

14. I do hereby certify that the information supplied with this filing does not qualify for 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.

CR2E034 (9/96)