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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600001124 (2)

ADVANCED CLEANING TECHNOLOGIES, INC.,

Principal Place of Business Mailing Address 100 KINGBIRD CIRCLE 180 KINGBIRD CIRCLE DAYTONA BEACH FL 32119-8746 DAYTONA BEACH FL 32114 3. Date Incorporated or Qualified 3a. Date of Last Report 01/04/1996 Applied For 2. Principal Place of Business 2a. Mailing Address OR Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, Country Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name Grumer, Keith T KEITH MACK LEWIS COHEN LUMPKIN Street Address (P.O. Box Number is Not Acceptable) 200 S BISCAYNE BLVD 20 FL EAST BROWARD 83 MIAMLEL 33131-2910 84 2 and 607, 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 11. Parsuant to the provisig of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered vitions of, Section 607.0505, Florida Statutes. office or registered agent [am famil SIGNATURE DATE (NOTE Registered Agent a gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change 1.1 TITLE THE PEACOCK, RUSSELL D 1.2 NAME NAME 180 KINGBIRD CIRCLE STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL 32114 1.4 CITY-ST-ZIP C-13 - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE MORGAN, HENRY R NAME 180 KINGBIRD CIRCLE 2.3 STREET ADDRESS STREET ADDRESS **DAYTONA BEACH FL 32114** 2. 4 CITY - ST- ZIP CHY+ST-7IP Change Addition PRESKICAT DELETE TUTLE 31 TITLE Ricky C. PEACOCK NAME 3.2 NAME 135 LAKESTER WEST DRIVE **33 STREET ADDRESS** STREET ADDRESS DAYTOUR BEACH FL. 32124 34. CITY-ST-ZIP CITY-ST-ZiP Change DELETE ☐ Addition 41 TITLE TELL 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CFY-SI-ZF Change Addition DELETE 5.1 TILE TILLE ME MAME HEET ADDRESS STREET ADDRESS Y-\$1-24P CHY SEZIP Addition DELETE 6.1 LΕ ME 6.2 NAME STREET ADDRESS 6.8 Reet address

SIGNATURE

appears in Block 12 or Block

14. I do hereby certify that the information supplied with this filling does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the pectiver or tribstee empowered to

CITY - \$1 - 742

NO OFFICER OR DIRE TOR

Y-ST-ZIP

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the courage and that my signature shall have the same legal effect as if made under oath; that execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Feb 21 1997 8:00am

Secretary of State

257-3000 Daylime Phone *