


FILED

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P96000024760 (6)</b>			
<b>1. Corporation Name</b> <b>FLORIDA COAST PRESSURE CLEANING &amp; PAINTING, INC.</b>			
<b>Principal Place of Business</b> 54 VISTA DEL RIO BOYNTON BEACH FL 33426		<b>Mailing Address</b> 54 VISTA DEL RIO BOYNTON BEACH FL 33426-8828	
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
21 54 Vista Del Rio Suite, Apt. #, etc.		26 54 Vista Del Rio Suite, Apt. #, etc.	
22 Boynton Beach City & State		27 Boynton Beach City & State	
23 FL 33426 Zip Country		28 FL 33426 Zip Country	
24 33426 25 WPB		29 33426 30 WPB	
<b>9. Name and Address of Current Registered Agent</b>			
CHRISTOFFERS, JOHN S 54 VISTA DEL RIO BOYNTON BEACH FL 33426			81 Name
			82 Street Address
			83
			84 City
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is an office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>			
<b>SIGNATURE</b> <i>[Signature]</i> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>			
<b>12. OFFICERS AND DIRECTORS</b>			
12.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		12.2 <input type="checkbox"/> DELETE	
12.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP		12.4 <input type="checkbox"/> DELETE	
12.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP		12.6 <input type="checkbox"/> DELETE	
12.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP		12.8 <input type="checkbox"/> DELETE	
12.9 TITLE NAME STREET ADDRESS CITY-ST-ZIP		12.10 <input type="checkbox"/> DELETE	
<b>13.</b>			
13.1 TITLE		13.2 NAME	
13.3 STREET ADDRESS		13.4 CITY-ST-ZIP	
13.5 TITLE		13.6 NAME	
13.7 STREET ADDRESS		13.8 CITY-ST-ZIP	
13.9 TITLE		13.10 NAME	
13.11 STREET ADDRESS		13.12 CITY-ST-ZIP	
13.13 TITLE		13.14 NAME	
13.15 STREET ADDRESS		13.16 CITY-ST-ZIP	
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.</b>			