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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000040952 (9)

INTERNATIONAL CLEAN PRINT, INC.

FILED Apr 20 1998 8:00am Secretary of State

	,					
Principal Place of Business Mailing Address					-	
663 SAWYER DRIVE 663 SAWYER DRIVE CUDJOE KEY FL 33042 CUDJOE KEY FL 3304			!		DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualified 05/13/1996	
	lace of Business	2a. Mailing Address			4. FEt Number	Applied For
Suite, Apt. #, etc.		26 Suito Apt # pto	Suite, Apt. #, etc.		65-0664430	Not Applicable \$8.75 Additional
22		27			5, Cerlificate of Status Desired	Fee Required
City & State		City & State	T		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country Z _{IP} 25 29		Country 30	Personal Property Tax due June 30. 💆 Yes 🔲 No		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Register	ed Agent
TERPNER, STEEN			81	Name		
633 SAWYER DRIVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	·
C	UDJOE KEY FL 33042		83			
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statut	es, the above-	named corpo	oration submits this statement for the nurrons	e 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 frame of registered ack		F Registered Agent	signature require		
12,	OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE NAME	TERPNER, STEEN	□ IVELETE	1 1 THLE 12 NAME			Change C Addition
STREET ADDRESS	663 SAWYER DRIVV E		13 STREET AS	appree		
'	CUDJOE KEY FL 33042					
CITY-ST-ZIP TITLE	DELETE		1.4 CITY - ST - ZIP 2.1 HTLE			Change Addition
NAME			2 2 NAME			
STREET ADDRESS			2 3 STREET AC	DRESS		
CITY-ST-ZIP			2 4 CiTY-ST-			
TITLE		DELETE	31 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET AD	ODRESS		
CITY-ST-ZIP			3.4. C(TY - ST -	ZIP		
TITLE	DELETE		41 TiTLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET AL	ODRESS		
CiTY-ST-ZIP			4.4 CITY - ST -	ZIP		
TITLE		☐ DELETĒ	5.1 T(1Lf			Change Addition
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STREET ADDRESS			5.3 STREET AD	- 1		
CITY-ST-ZIP		DCLETE	5.4 CITY - ST	ZIP		Change Addition
TITLE		€ DULLETE	6.1 TITLE			CT cuange CT workfull
NAME PERFET APPROVES			6.2 NAME	vince		
STREET ADDRESS			6.3 STREET AD			
City-St-ZiP	sertify that the information supplied w	ith this filing does not qualify fo	6.4 CITY-S1-		Section 119.07(3)(i), Florida Statutes. I further	certify that the information

I nereby certify that the information supplied with this filling docs not qualify for the exemption stated in Section 119.07(3)(). 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 trustice 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 supplemental products.