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

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000071224 (5)

Country

GERMAIN, MARK F ESQ. 1410 EMERSON ST

P.O BOX 491615

LEESBURG FL 34749

g. Name and Address of Current Registered Agent

CLEAN SCENE, INCORPORATED

Principal Place of Busines	s
	_

MT PLYMOUTH FL 32776

Suite, Apt. #, etc.

City & State

Zip

21

23

24

2. Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

26

29

POST OFFICE BOX 1028 SORRENTO FL 32776

## **FILED** May 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/27/1996 Applied For Not Applicable 59-3400218 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

85 Zip Code

Country

R1 Name

83

84 City

30

				FL	
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 Statu 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 ponted name of registered agent and title if applicable	Alore o	legistered Agent signature	required when reinstating) DATE	<del></del>
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DC IAI 12
TITLE		DELETE	1.1 TITLE	Change	
NAME	HITCHCOCK, DINA		1.2 NAME		
STREET ADDRESS	CARRIAGE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE FL.		1.4 CITY-ST-ZIP		
TITLE	S	DELETE	2.1 TITLE	Change	Addition
NAME	TOLLIVER, JUDITH		2.2 NAME		
STREET ADDRESS	30586 PRESTWICK AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MT PLYMOUTH FL		2.4 CITY-ST-ZIP		'
TITLE		DELETE	3.1 TITLE	☐ Change	Addition
NAME		_	32 NAME	·	_
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TOTLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filling 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, or on an attachment with an address.

Tellera tidah

4-30-98 352742-6140