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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075592 (1)

A ADVANCED CLEANERS, INC.

rincipal Place of Business	Mailing Address
12641 SHANNONDALE DR FT MYERS FL 33913	12641 SHANNONDALE DR FT MYERS FL 33913

FILED

Apr 29 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/09/1996 4. FEI Number Applied For 65-0705183 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEMETER, JOHN G 12641: SHANNONDALE DR Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33913 83 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 it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSD DELETE ___ Change Addition TITLE 1.1 TITLE **DEMETER, JOHN G** NAME 1.2 NAME **12641 SHANNONDALE DR** STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL 33913 CITY+ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME DEMETER, LORI A 2.2 NAME 12641 SHANNONDALE DR STREET ADDRESS 2.3 STREET ADDRESS FT MYERS FL 33913 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change TITLE 3 1 TITLE Addition NYBERG, SHIRLEY A NAME 3.2 NAME \$110 WOLF RUN DR STREET ADDRESS 3 3 STREET ADDRESS **ERIE PA 16505** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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.

State of the last before

Oales,

3/3/98