

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 JUL 24 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P96000075669 (7)

1. Corporation Name
CLEANCO GROUP, INC.



Principal Place of Business

Mailing Address

962 NORTH WEST 113TH WAY
CORAL SPRINGS FL 33071

962 NORTH WEST 113TH WAY
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1050 NW 55TH ST	26 PO Box 8172
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State FT LAUDERDALE, FL	28 City & State FT. LAUDERDALE, FL
24 Zip 33310	29 Zip 33310-8172
25 Country USA	30 Country USA

3. Date Incorporated or Qualified 09/09/1996	3a. Date of Last Report 9-09-96
4. FEI Number 65-0713139	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GLANSEN, CLIFF
962 NORTH WEST 113TH WAY
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name
CLIFF GLANSEN
82 Street Address (P.O. Box Number is Not Acceptable)
1050 NW 85TH STREET
83
84 City
FT LAUDERDALE FL
85 Zip Code
33310

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]* DATE 7-18-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRES	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLIFF GLANSEN		1.2 NAME	500002250195--6
STREET ADDRESS 1050 NW 55TH ST		1.3 STREET ADDRESS	-07/29/97--01032--016
CITY-ST-ZIP FT. LAUDERDALE, FL 33310		1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE V. PRES.	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLIFF GLANSEN		2.2 NAME	
STREET ADDRESS SAME		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE PRES.	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLIFF GLANSEN		3.2 NAME	
STREET ADDRESS SAME		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE SEC.	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLIFF GLANSEN		4.2 NAME	
STREET ADDRESS SAME		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (4/97)

We did not receive the
first form.

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Enclosed is the
normal/regular
fee of \$165.00

Thank you.

C. Hansen
7/18/97.