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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000079262 (7)**

FLORIDA PRESSURE CLEAN INCORPORATED

Principal Place of Business

Mailing Address

FILED Mar 12 1997 8:00am Secretary of State



6120 CASTLEWOOD ORLANDO FL 32808				P.O. DRAWER 300668 FERN PARK FL 32730-0666							
		· · · · · · · · · · · · · · · · · · ·	···				3. Date Incorporated or Qualified 09/24/1996	1	ate of Last Re		
2 Principal Pl	_	_		・Mailing Address			4. FEI Number 59 4339 8893	,	1-1	oplied For	
		NC COUNT	26	853 BLA Suite, Apt. #, etc.	MC C	OURI	37-357 8 4 7 4			ot Applicable	
22 27							5. Certificate of Status Desired	X	ree nequired		
City & State 23 KISSIMMEE			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
^{2π} 24 34 7 •		Country 25 OSCROCA	29	Zip 34759	30 0 5	try C C 	This corporation has liability for Florida Statutes		tax under s.	. 199.032,	
	9. Name	and Address of Curre	nt Regi	stered Agent			10. Name and Address of New F	egistered .	Agent		
CAR	RTER, WILL	AM A				Name .	VERA GARGIA				
6120 CASTLEWOOD					ļ;	Street A	ddress (P.O. Box Number is Not Accepta	ible)			
ORL	ANDO FL 3	2808				33 0	53 BLANC C				
						City	issimmed	FL		Code	
11. Pursuani	to the provis	ons of Sections 607.05	02 and 6	607.1508, Florida Sta	tutes, the ab	ove-named	corporation submits this statement for the		f changing it	ts registered	
office or r	registerutt ag im famillar wi	ent, or both, in the Stat thi and accent the obli	te of Flori nations c	ida. Such change wa of Section 607.0505.	is authorized Florida Stati	by the corp tes.	corporation submits this statement for the oration's board of directors. I hereby acc	ept the app	ointment as	registered	
	1/1	PA	gario io	.,				7-6	6 - 97	<u> </u>	
SIGNATURE.	Signature Typesi	or printed name of registered a	gent and let	e if applicable (f	OTE Registered	Agent signature	required when reinstating)	DATE			
12.		OFFICERS A	ND DIRE	CTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12	
TITLE	PVST			DELETE	1.1 Titl	£	P. V.S. 7.		Change	Addition	
NAMÉ	DOWNS,	DONALD E		•	1.2 NA	AE	MANIAN GARCIA	•			
STREET ADDRESS	331 PINE	SONG DRIVE			1.3 \$16	EET ADDRESS	BES STATE COUL	J			
CITY - \$1 - ZIP	CASSELE	ERRYT FL 32707		_	1.4 CIT	r-ST-ZIP	KISSIMMER PA.	3475	9		
TITLE	D			DELETE	2 1 TIT	E.	Piacopan		Change Change	Addition	
NAME	DOWNS.	DONALD E		,	22 NA	AE]	AURIAM BASCIA				
STHEET ADDRESS		SONG DRIVE			2.3 STF	EET ADDRESS	253 BIANE GOUN	r			
CHY SI-ZP	1	ERRYT FL 32707			2. 4 CI	Y-ST-ZIP	KISSIMME F4. 3	1475	'9		
TITLE				DELETE	3.1 7(7)	E			Change	Addition	
NAME					3.2 NA	AE					
STREET ADDRESS					3.3 STF	EET AODRESS					
City St. ZiP						Y-ST-21P					
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NAMÉ					4. 2 NA	ME					
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Title	<u> </u>			DELETE	5 1 TIT				☐ Change	Addition	
NAME					5.2 NA	ne			ŕ	•	
STREET ADDRESS						EET ADDRESS					
CITY - ST - ZIP						Y - ST - ZIP					
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THIE				L I Dt.Lt II							
TITLE Marke	}			DETETE	1	ì					
NAME				□ Offe#	6.2 NA	NE					
'				□ Dtttt:	6.2 NA 6.3 STF	ì					

information inclicated on this annual report or supplemental annual feoritis 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or an atlachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR