

FILED  
Apr 01 1998 8:00am  
Secretary of State

**DOCUMENT # P96000100845 (2)**  
1. Corporation Name  
**CLEAN CORE CLEANING SERVICES, INC.**

Principal Place of Business	Mailing Address
1113 S.E. 38TH STREET CAPE CORAL FL 33904	PO BOX 1258 CAPE CORAL FL 33910-1258

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>	1113 SE 38th Street	<b>26</b>	P.O. Box 1258
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
<b>22</b>		<b>27</b>	
	City & State		City & State
<b>23</b>	Cape Coral, FL	<b>28</b>	Cape Coral, FL
	Zip Country		Zip Country
<b>24</b>	33904	<b>29</b>	33910-1258
<b>25</b>	USA	<b>30</b>	USA

g. Name and Address of Current Registered Agent	
<b>STOCKER, GINA</b> <b>1113 S.E. 38TH STREET</b> <b>CAPE CORAL FL 33904</b>	81 Name <b>Gina</b>
	82 Street Address <b>1113</b>
	83
	84 City <b>Cape</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is authorized to employ one or more registered agents or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Gina Stocker Strane Gina Stocker Strane -  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)

12.		OFFICERS AND DIRECTORS		13.	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE			
NAME		1.2 NAME			
STREET ADDRESS		1.3 STREET ADDRESS			
CITY - ST - ZIP		1.4 CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE			
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY - ST - ZIP		2. 4 CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE			
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY - ST - ZIP		3.4. CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE			
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY - ST - ZIP		4.4 CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE			
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			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY - ST - ZIP		6.4 CITY - ST - ZIP			

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/13/1996</b>	
4. FEI Number <b>65-0716788</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

na Stocker Strane  
ss (P.O. Box Number is Not Acceptable)  
SE 38th Street

Coral FL 35 Zip Code 33909

I, \_\_\_\_\_, as the \_\_\_\_\_ of \_\_\_\_\_,  
hereby submit this statement for the purpose of changing its registered  
agent's board of directors. I hereby accept the appointment as registered  
agent.

Owner 3-29-98

(when reinstating) DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<div> <div> <input checked="" type="checkbox"/> Change </div> <div> <input type="checkbox"/> Addition </div> </div> <div>           a Stocker Strane         </div>	
<div> <div> <input type="checkbox"/> Change </div> <div> <input type="checkbox"/> Addition </div> </div>	
<div> <div> <input type="checkbox"/> Change </div> <div> <input type="checkbox"/> Addition </div> </div>	
<div> <div> <input type="checkbox"/> Change </div> <div> <input type="checkbox"/> Addition </div> </div>	
<div> <div> <input type="checkbox"/> Change </div> <div> <input type="checkbox"/> Addition </div> </div>	
<div> <div> <input type="checkbox"/> Change </div> <div> <input type="checkbox"/> Addition </div> </div>	

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.

SIGNATURE M. H. R. P. Stokes 70000 PAI 51-5920

CP2E034 (10/97)