

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90002 008 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000002087

1. Corporation Name
SERVI-CLEAN SOUTH, INC.

Principal Place of Business
~~658-69 MILITARY TRAIL, STE 1101~~
~~WEST PALM BEACH, FL 33415~~

Mailing Address
~~1000 EGRET CIRCLE~~
~~NO. JUPITER FL 33458~~



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/08/1997

4. FEI Number
65-0722170

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing
 Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business
 21 **3303 LAKE MOUNT COURT**

2a. Mailing Address
 26 **3303 LAKE MOUNT COURT**

Suite, Apt. #, etc. 27

City & State
 23 **LAKE PARK FL** 28 **LAKE PARK, FL**

Zip 24 **33403** Country 25 **FLA** Zip 29 **33403** Country 30 **FLA**

9. Name and Address of Current Registered Agent
~~PANICO, ROBERT~~
~~1000 EGRET CIRCLE N~~
~~JUPITER FL 33458~~

10. Name and Address of New Registered Agent
 81 Name **GLENN ACCARDI**
 82 Street Address (P.O. Box Number is Not Acceptable)
3303 LAKE MOUNT COURT
 83
 84 City **LAKE PARK** FL 85 Zip Code **33403**

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 Glenn Accardi DATE **8/5/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PANICO, ROBERT
STREET ADDRESS	1000 EGRET CIRCLE N
CITY-ST-ZIP	JUPITER FL 33458
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	P ACCARDI, NICHOLAS
2.3 STREET ADDRESS	3303 LAKE MOUNT COURT
2.4 CITY-ST-ZIP	LAKE PARK, FL 33403
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP VP ACCARDI, Glenn
3.3 STREET ADDRESS	3303 LAKE MOUNT COURT
3.4 CITY-ST-ZIP	LAKE PARK, FL 33403
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: Glenn Accardi DATE **7-19-99** DAYTIME PHONE # **561-630-7198**
SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)