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Apr 26, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000019191

1. Corporation Name

SGT. CLEAN INC.

Principal P ace of Business 9858 GLADES RD BOCA RATCN FL 33434 US		Mailing Address  9858 GLADES RD  BOCA RATON FL 33434 US			DO NOT WRITE IN TH	IS SPACE
		00			3. Date Incorporated or Qualifed 03/03/1997	
2. Principal Place	e of Business	2a. Mailing Add	2a. Mailing Address		4. FEI Ni mber	Applied For
<u>.1</u>		26	26		65-0734839	Not Applicable
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Courtry 25	Zip <b>29</b>		ountry	This corporation owes the current year     Persor al Property Tax.	ntangible ☐ Yes ☐ No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent
KRUGMAN, MARK 22290 PINEAPPLE WALK DRIVE BOCA RATON FL 33433				81 Name 82 Street Acc 83 DOC 84 City	LRUCYMAN, MANK JOSS (P.O. Box Number is Not Acceptable) D CALLES ROAD  LATIN, FL 3343	85 Zip Code
office or regi:	the provisions of Sections 607 stered agent, or both, in the S amiliar with, and accept the o	tate of Florida. Such cha	nge was authoriz	ed by the corporat	poration submits this statement for the purpose ion's board of cirectors. I hereby accept the ap	of changing its registered cointment as registered

SIGNATURE Signature, typed or printed name of registered agent, and title if applicable (NOTI:: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition ☐ DELETE isresidient 1.1 TITLE TITLE K RUGHAN, MARK 988 Glailes Road D-3 12 NAME Krugman, Mark NAME 22290 PINEAPPLE WALK DRIVE 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** 14 CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition ☐ DELETE TITLE 62 NAME NAME

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 officer on this annual report or supplemental a mual 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRES 3

SIGNATURE: SIGNATUF E AND TYPED OR SHIPTER WARE OF SIGNING OFFICER OR DIRECTOR

5218521631

CR2E034 (11/98)