## 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 # P97000047327

1. Corporation Name KLEAN CORP

Principal Place of Business 15184 TANGELO BLVD.

Mailing Address

15184 TANGELO BLVD.

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90121 006 \*\*\*150.00



PALM BEACH GARDENS FL 33412 PALM BEACH GARDENS FL 33412 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/29/1997 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0753069 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 7 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country ·Zip 8. This corporation owes the current year Intangible Žip Country XINO ☐ Yes Personal Property Tax. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FLEMING, MARY A 82 Street Address (P.O. Box Number is Not Acceptable) 15184 TANGELO BLVD. PALM BEACH GARDENS FL 33412 Zip Code 84 City 85 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change DELETE 1.1 TITLE TITLE FLEMMING, MARY A NAME 1.2 NAME 15184 TANGELO BLVD 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33412 1.4 CITY-ST-ZIP CITY+ST-ZIP ☐ DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 51 TIB F TILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

CR2E034 (11/98)