

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Mortherm<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>DOCUMENT #</b> P97000080476<br>1. Corporation Name<br><i>SUPERCLEAN Windows, Inc</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Principal Place of Business<br><i>210 MONASTERY CT.</i><br><i>VALRICO FL 33594</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Mailing Address<br><i>14818 South St.</i><br><i>WOODSTOCK IL 60098</i><br><i>(New Address)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 2. Principal Place of Business<br>21 Suite Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 2a. Mailing Address<br>26 Suite Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 3. Date incorporated or Qualified<br><i>9/16/97</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 4. FEI Number<br><i>59-346 2774</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75-Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>1/1</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>1/1</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 9. Name and Address of Current Registered Agent<br><i>AMERICAN Lawyer Chantrel</i><br><i>343 DIMERIA DR</i><br><i>CORAL GABLES FL 33134</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| 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. Thereby accept the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| SIGNATURE<br>12. OFFICERS AND DIRECTORS<br>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (12-13)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 12. OFFICERS AND DIRECTORS<br>1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY, ST, ZIP<br>5. TITLE<br>6. NAME<br>7. STREET ADDRESS<br>8. CITY, ST, ZIP<br>9. TITLE<br>10. NAME<br>11. STREET ADDRESS<br>12. CITY, ST, ZIP<br>13. TITLE<br>14. NAME<br>15. STREET ADDRESS<br>16. CITY, ST, ZIP<br>17. TITLE<br>18. NAME<br>19. STREET ADDRESS<br>20. CITY, ST, ZIP<br>21. TITLE<br>22. NAME<br>23. STREET ADDRESS<br>24. CITY, ST, ZIP<br>25. TITLE<br>26. NAME<br>27. STREET ADDRESS<br>28. CITY, ST, ZIP<br>29. TITLE<br>30. NAME<br>31. STREET ADDRESS<br>32. CITY, ST, ZIP<br>33. TITLE<br>34. NAME<br>35. STREET ADDRESS<br>36. CITY, ST, ZIP<br>37. TITLE<br>38. NAME<br>39. STREET ADDRESS<br>40. CITY, ST, ZIP<br>41. TITLE<br>42. NAME<br>43. STREET ADDRESS<br>44. CITY, ST, ZIP<br>45. TITLE<br>46. NAME<br>47. STREET ADDRESS<br>48. CITY, ST, ZIP<br>49. TITLE<br>50. NAME<br>51. STREET ADDRESS<br>52. CITY, ST, ZIP<br>53. TITLE<br>54. NAME<br>55. STREET ADDRESS<br>56. CITY, ST, ZIP<br>57. TITLE<br>58. NAME<br>59. STREET ADDRESS<br>60. CITY, ST, ZIP<br>61. TITLE<br>62. NAME<br>63. STREET ADDRESS<br>64. CITY, ST, ZIP<br>65. TITLE<br>66. NAME<br>67. STREET ADDRESS<br>68. CITY, ST, ZIP<br>69. TITLE<br>70. NAME<br>71. STREET ADDRESS<br>72. CITY, ST, ZIP<br>73. TITLE<br>74. NAME<br>75. STREET ADDRESS<br>76. CITY, ST, ZIP<br>77. TITLE<br>78. NAME<br>79. STREET ADDRESS<br>80. CITY, ST, ZIP<br>81. TITLE<br>82. NAME<br>83. STREET ADDRESS<br>84. CITY, ST, ZIP<br>85. TITLE<br>86. NAME<br>87. STREET ADDRESS<br>88. CITY, ST, ZIP<br>89. TITLE<br>90. NAME<br>91. STREET ADDRESS<br>92. CITY, ST, ZIP<br>93. TITLE<br>94. NAME<br>95. STREET ADDRESS<br>96. CITY, ST, ZIP<br>97. TITLE<br>98. NAME<br>99. STREET ADDRESS<br>100. CITY, ST, ZIP |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (12-13)<br>1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY, ST, ZIP<br>5. TITLE<br>6. NAME<br>7. STREET ADDRESS<br>8. CITY, ST, ZIP<br>9. TITLE<br>10. NAME<br>11. STREET ADDRESS<br>12. CITY, ST, ZIP<br>13. TITLE<br>14. NAME<br>15. STREET ADDRESS<br>16. CITY, ST, ZIP<br>17. TITLE<br>18. NAME<br>19. STREET ADDRESS<br>20. CITY, ST, ZIP<br>21. TITLE<br>22. NAME<br>23. STREET ADDRESS<br>24. CITY, ST, ZIP<br>25. TITLE<br>26. NAME<br>27. STREET ADDRESS<br>28. CITY, ST, ZIP<br>29. TITLE<br>30. NAME<br>31. STREET ADDRESS<br>32. CITY, ST, ZIP<br>33. TITLE<br>34. NAME<br>35. STREET ADDRESS<br>36. CITY, ST, ZIP<br>37. TITLE<br>38. NAME<br>39. STREET ADDRESS<br>40. CITY, ST, ZIP<br>41. TITLE<br>42. NAME<br>43. STREET ADDRESS<br>44. CITY, ST, ZIP<br>45. TITLE<br>46. NAME<br>47. STREET ADDRESS<br>48. CITY, ST, ZIP<br>49. TITLE<br>50. NAME<br>51. STREET ADDRESS<br>52. CITY, ST, ZIP<br>53. TITLE<br>54. NAME<br>55. STREET ADDRESS<br>56. CITY, ST, ZIP<br>57. TITLE<br>58. NAME<br>59. STREET ADDRESS<br>60. CITY, ST, ZIP<br>61. TITLE<br>62. NAME<br>63. STREET ADDRESS<br>64. CITY, ST, ZIP<br>65. TITLE<br>66. NAME<br>67. STREET ADDRESS<br>68. CITY, ST, ZIP<br>69. TITLE<br>70. NAME<br>71. STREET ADDRESS<br>72. CITY, ST, ZIP<br>73. TITLE<br>74. NAME<br>75. STREET ADDRESS<br>76. CITY, ST, ZIP<br>77. TITLE<br>78. NAME<br>79. STREET ADDRESS<br>80. CITY, ST, ZIP<br>81. TITLE<br>82. NAME<br>83. STREET ADDRESS<br>84. CITY, ST, ZIP<br>85. TITLE<br>86. NAME<br>87. STREET ADDRESS<br>88. CITY, ST, ZIP<br>89. TITLE<br>90. NAME<br>91. STREET ADDRESS<br>92. CITY, ST, ZIP<br>93. TITLE<br>94. NAME<br>95. STREET ADDRESS<br>96. CITY, ST, ZIP<br>97. TITLE<br>98. NAME<br>99. STREET ADDRESS<br>100. 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)(b), Florida Statutes. I further certify that the information is true and accurate. And that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| SIGNATURE: <i>Stewart L. Bailenson</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 42998 8153381418<br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |

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