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 # **P97000087801**1. Corporation Name

ALL KINDS OF CLEAN, INC.

Principal	Place	of	Business

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90002 024 ***150.00



Principal Place	of Business	Mailing Address			•		
281 NE GREEN	BRIER AVE.	281 NE GREEN BRIER AVE.					
PORT ST. LUCI	E FL 34983	PORT ST. LUCIE FL 34983			DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
					10/09/1997		
2 Dain -:1 C	ass of Business	2a. Mailing Address			4. FEI Number	Δη	plied For
	ace of Business		MoLiva	. J //	65-6254293		t Applicable
21 /54	1 0,0 - 0,1	Suite, Apt. #, etc.	PIOCE (V)	7 709	00 0204290	\$8.75	
Suite, Apt. i	#, etc.	27	-		5 Certificate of Status Desired	Fee Re	
City & State		City_& State			6. Election Campaign Financing	\$5.00	May Re
23 POLT		28 PT. ST. Luci	c Fi	/	Trust Fund Contribution	Added t	•
	Country	Zip Zip	Country		8. This corporation owes the current year	Intangible	
zip 3 49 S	25	29 34952 30]		Personal Property Tax.		□No
24 5 / / 3	9. Name and Address of Current	<u> </u>			10. Name and Address of New Registere	d Agent	
		<u></u>	81 N:	ame 🖟	T Cali		
FALL	ON, BRIAN J		-	//\	RIANI J FACLO		
	NE GREEN BRIER AVE.		82 St	reet Addre	ess (P.O. Box Number is Not Acceptable)	125	
POR	T ST. LUCIE FL 34983		83	_ /	1. 0.0.		
			84 C	ity A	ST Lucie F	85 Zip (Code 5 2
11 Dumment	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the ahove-na	med como	oration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	it Florida. Such change was autho	onzea ov ine	corporatio	on's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE					d when reinstation) DATE		
	Signature, typed or printed name of registered agent		13.	nature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	OFFICERS ANI	DELETE	1.1 TITLE		ADDITIONS/OFFARDED TO STETICE ITS	Change	Addition
TITLE	D BRIAN I	Detere	1.2 NAME	12.	1/1001 Bridge T		_
NAME	FALLON, BRIAN J				S49 S. & HOLISAY RS		
STREET ADDRESS	281 NE GREEN BRIER AVE.		1.3 STREET ADD	RESS / 3	T. ST. LUCIC FL	3495	: 2
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	[] perete	1.4 CITY-ST-ZIP		J. ST. LUE, C VE	☐ Change	☐ Addition
TITLE		☐ DELETE	2.1 TITLE	-		change	
NAME			2.2 NAME				
STREET ADDRESS		_	2.3 STREET ADD				
CITY-ST-ZIP			2.4 CITY-ST-ZIF			Change	Addition
TITLE		☐ DELETE	3.1 TITLE			☐ change	☐ ¥00IIIOII
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADD	RESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIF			Charter	- Addition
TITUE		☐ DELETE	4.1 TITLE	İ		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADD	RESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	·			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADD	RESS			
CITY-ST-ZIP			5.4 C/TY-ST-Z/P	· _			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
OTDECT ABBOTOS			6.3 STREET ADD	XRESS			

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 suppliemental 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 on an attachment with any address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4/30/99 561-398-9/64

Davime Phone #