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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P970000 91115

EGAS CLEANUL SERVICES, INC. 8311 CORAL LAKE LAVE 8311 CORAL LAKE LAW DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified COME SPRINGS, FL 37065 CORAL SARWGS, PL 33065 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0789967 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Ζiρ 8. This corporation owes or has paid the current year Intappible Personal Property Tax due June 30. Yes No Country 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SOSEPH R. NOFIL P.A. Street Address (P.O. Box Number is Not Acceptable) N. STATE ROAD 7 83 LAKES FZ 33319 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. I hereby accept the appointment as registered agont. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1 1 TITLE TITLE NAME 1.2 NAME Ervisto EGAS 8311 COZAL LANE LANE STREET ADDRESS 1.3 STREET ADDRESS CONST. SPRINGS FL 33065 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change 21 TITLE Addition TITLE MICHELLE E615 22 NAME HAME 8311 COTAL LAKE UNL STREET ADDRESS 2.3 STREET ADDRESS CORAL SPRINGS FL 33065 2 4 CITY - S1 - ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CHY-ST-ZIP CITY - ST - ZIP DELETE 4.1 THEE ☐ Change ☐ Addition TITLE NAME 4.2 NAME 400002531994 -05/21/98--01092--018 STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY ST-ZIP ***150.00 DELETE Addition TITLE 51 TITLE 5 2 NAME NAME **5 3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 54 CITY-S1-2IP DELETE TITLE 61 TITLE NAML 6.2 NAME 63 STREET ADDRESS STREET ADDRESS CITY ST-ZIP 64 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 curporation 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 attaction with an address.

SIGNATURE

INSTUDE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

86/82/10

954-496-1113

FILED

May 19 1998 8:00am

Secretary of State