

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90028 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000017489

1. Corporation Name
BLASTER MASTERS POWER WASHERS, INC.



Principal Place of Business
 5150 NORTHEAST 6TH AVENUE #105
 OAKLAND PARK FL 33334

Mailing Address
 5150 NORTHEAST 6TH AVENUE #105
 OAKLAND PARK FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/23/1998

4. FEI Number **65-0841366** Applied For Not Applicable

21. Principal Place of Business
11470 N.W. 39th Pl
 Suite, Apt. #, etc.

2a. Mailing Address
11470 N.W. 39th Pl
 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23. City & State
Sunrise FL

28. City & State
Sunrise FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24. Zip **33323** 25. Country **Broward**

29. Zip **33323** 30. Country **Broward**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

IANNACONE, JAMES
800 EAST BROWARD BOULEVARD
SUITE 510
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **Blaster masters Power Washers, Inc**
 STREET ADDRESS **Bill Franklin**
 CITY-ST-ZIP **11470 N.W. 39th Pl, Sunrise FL 33323**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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 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.

SIGNATURE: **B. SOUVATHE RECORDED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99 (954) 747-6857
 Date Daytime Phone #

CR2E034 (11/98)