Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90060 013 ***150.00

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 # P98000057037

1. Corporation Name

	SIONAL TANK CLEANING,	INC.								
Principal Place	e of Business	Mailing Address				1 10011601 111		+1 00111 00101 9		TISH FOR LAW
1483 NE 63RD CT. 1483 NE 63RD CT.										
FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334							DO NOT WAT	C (A) TIUC (CDACE	
						3. Date Incorpora	DO NOT WRI	IE IN THIS	SPACE	
						06/25/1998		•		į
9 Principal Pl	lace of Business	2a, Mailing Address				4 EEI Number			Apı	plied For
-	lace of business	26				65-08.	56660		<u></u>	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					-		\$8.75-A	Additional
22	., 5.5.	27				5. Certificate of S	atus Desired		Fee Red	quired
City & State	ie	City & State				6. Election Camp	aign Financing		\$5.00	May Be
23		28				Trust Fund Co	ntribution		Added to	o Fees
Zip	Country	Zip	Count	ry		8. This corporation	n owes the cum	ent year Inta	ngible	
24	25	29	30			Personal Prop				□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Ad	dress of New F	legistered A	lgent	
VENT	T, NORMAN E		8	1 Nam	е					
	E. BROWARD BLVD., SUITE 31	n	8	2 Stree	et Addre	s (P.O. Box Number	r is Not Accepta	ible)		
	LAUDERDALE FL 33301	v	_						_	
F1. L	ENODERDALE I E 5550 I		la la	3						
			8	4 City				FL	85 Zip C	Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statut	tes, the abo	L ve-name	ed corpo	ation submits this s	tatement for the	numose of o	hanging its	registered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a	autnorizea t	y the co	rporation	's board of directors	i. I hereby accep	ot the appoin	tment as rec	gistered
Juliu										
SIGNATURE					n may lead a	han rainetating)		DATE		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered A		beniuper er	when reinstating)	IANGES TO OF	DATE FICERS AN	DIRECTO	RS IN 12
SIGNATURE	OFFICERS A	ent and title if applicable. (NOTE	E: Registered A	gent signatu	re required t	when reinstating) ADDITIONS/CH	IANGES TO OF		D DIRECTO	RS IN 12
SIGNATURE 12. TITLE	OFFICERS A	ent and title if applicable. (NOTE	E: Registered Ar	gent signatu	re required t		ANGES TO OF			
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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 eignature 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 attactment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Date