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 #

(5)

NEW CONSTRUCTION CLEAN UP, INC.

Secretary of State

FILED

Apr 09 1998 8:00am

Principal Place of Business		Mailing Address		T HEALTAND THE DEFIT BLAND EARLY INDIA BLAND AND A BLAND ATTH ATTHE BLAND	
4411 BEE RIDGE ROAD SUITE 221		4411 BEE RIDGE ROAD SUITE 221			
SARASOTA FL 34233		SARASOTA FL 34233		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal	Place of Business	2a. Mailing Address		05/20/1991 4. FEI Number Applied	For
21		26		65-0306276 Not App	
Suite, Apl	t. #, e1c.	Suite, Apt. #, etc.		5 Cortificate of Status Desired S8.75 Addition	
22		27		Fee Require	rd
City & Ste	ate	City & State		6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee	
Zip	Country	28 Zip	Country	Trust Fund Contribution Added to Fee 8. This corporation owes or has paid the current year Intangib	
24	25	— ·	30	Personal Property Tax due June 30. Yes No	
A-7	9. Name and Address of Curre			10. Name and Address of New Registered Agent	
N	IKLA. BOB		81 Name		
	111 BEERIDGE RD #221		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
S	ARASOTA FL 34233		83		
			63		
1			84 City	FI 85 Zip Code	
11. Pursuan	It to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	es, the above-named cor	rporation submits this statement for the purpose of changing its regi	istered
office or	registered agent, or both, in the Sta	te of Florida. Such change was a igations of, Section 607,0505. Flo	authorized by the corpora orida Statutes.	ation's board of directors. I hereby accept the appointment as regis	tered
SIGNATURE					
	Signature, typed or printed name of registered a	<u> </u>	Registered Agent signature requ		
12.	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Addition
NAME	NIKLA, BOB		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34233		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐	Addition
NAME			2.2 NAME		
STREET ADDRESS	5 		2.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	☐ Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change	Addition
NAME			4. 2 NAME	· ·	
STREET ADDRESS	·		4.3 STREET ADDRESS		
CITY-ST-ZIP	+		4.4 CITY - ST - ZIP		
1 """		DELETE	5.1 TITLE	I I Change I I	Addition
MALAS		☐ DELETE	5.1 TITLE 5.2 NAME	Change L	Addition
NAME STREET ADDRESS		☐ DELETÉ	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	☐ Change	Addition
STREET ADDRESS CITY-SI-ZIP	5	☐ DELETE	5.2 NAME	□ Change □	Addition
STREET ADDRESS	5	☐ DELETE	5.2 NAME 5.3 STREET ADDRESS		Addition Addition
STREET ADDRESS CITY-ST-ZIP	5		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY+ST-ZIP		

14. Thereby 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.