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 # S79437

CRYSTAL CLEAN PROFESSIONAL BUILDING MAINTENANCE,

FILED Feb 12 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address								178		******	41 41411 474 1	// 4 1411 #1411 #1		11 1041
7091 PINNACLE DRIVE SUITE D FT. MYERS FL 33907			P.O. BOX 61416 Ft. Myers Fl 33906 Us						OT WRITE	E IN THIS	SPACE			
US									Incorporated or	Qualified				-
5 Principal P	lace of Business		7 3- 1	failing Address				4. FEI N	09/1991				! 	4 5
	ace of business	2a. Mailing Address					5-0281095			·	Applie	oplicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				.03	17026 (093			\$8.75		
22	., 0.0.	├ ─¬	27				5. Certii	ficate of Status D	Desired			, Addr Reguir		
City & State				City & State				6. Elect	ion Campaign Fi	nancino		\$5.0	L	
23			28	28					Fund Contribution	•		Adde		
Zip	Country			Zip Cou			у	B. This	This corporation owes or has paid the current year Intangible					
24	25		29					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent						0
9, Name and Address of Current Registered Agent								10. Nam	e and Address	of New Re	gistered	Agent	· 	
	rting, david 1					81	Name							
18566 PHLOX DR.						82	Street A	Address (P.O. Bo	ess (P.O. Box Number Is Not Acceptable)					
FT.										*				
						83								
						84	City				FL	85 Zij	Cod	в
11. Pursuant i office or re agent. La	to the provisions egistered agent, m familiar with, a	of Sections 607.0 or both, in the Stand accept the ob	502 and 607 ite of Florida igations of, S	.1508, Florida Sta Such change wa Section 607.0505,	itutes, the a as authorize Florida Sta	bov d by	e-named or the corp	corporation subs poration's board	mits this stateme of directors. I he	nt for the reby acce	purpose o	of changing pointment a	its regi	gistered stered
SIGNATURE														
Old Williams	Signature, typed or pro	aled name of registered	agent and little if a	ppicable [1	NOTE: Registers	d Ag	ent signature t	required when reinstat	ing)		DATE			
12.		OFFICERS A	ND DIRECT		13.			ADDIT	IONS/CHANGES	TO OFFI	CERS AN			
TITLE	Р			DELETE	1.1 7							Change	L	Addition
NAME				1.2 N										
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NAME				C) becel	6.1 H							T Alianiña	.	, radiation
STREET ADDRESS							ADDRESS							ŀ
DIRECT AUTOMESS					■ 0.33	INCL	I NUUNEOO							

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.

SIGNATURE: