

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

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S90309 (3)  
1. Corporation Name  
THERMAX CLEAN CARE CENTER OF BRANDON, INC.

Principal Place of Business  
857 E BLOOMINGDALE AVE  
BRANDON FL 33511

Mailing Address  
857 E BLOOMINGDALE AVE  
BRANDON FL 33511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1941 E SR 60 VALRICO FL Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 1941 E SR 60 VALRICO FL 33511 Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 10/28/1991 4. FEI Number 59-3091859 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

CHIELLINI, CHRISTOPHER  
857 E BLOOMINGDALE AVE  
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name	SAM R
82 Street Address (P.O. Box Number is Not Acceptable)	1941 E SR 60
83	VALRICO FL
84 City	FL
85 Zip Code	33511

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

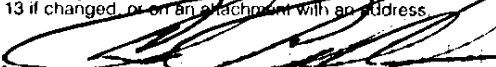
OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	CHIELLINI, CHRISTOPHER	1.2 NAME	
STREET ADDRESS	1205 FAWN LAKE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	CHIELLINI, SANDRA T	2.2 NAME	
STREET ADDRESS	1205 FAWN LAKE PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

 4/13/98 681-7773

CR2E034 (10/97)