

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 APR 18 PM 11:29****DOCUMENT # S90391 (1)**

1. Corporation Name

INTERNATIONAL CLEAN ENVIRONMENT, INC.

Principal Place of Business

Mailing Address

**P O BOX 699
OCOE FL 34761-7699****P O BOX 699
OCOE FL 34761-7699**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/28/1991

3a. Date of Last Report

06/07/1994

4. FEI Number

59-3130558

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional****Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIFFIN, J. BEN
12 EAST MCKEY STREET
OCOE FL 34761**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**PVS
POLLET, JAMES A.
241 OCOEE-APOPKA RD
OCOE FL****TD
POLLET, JAMES A.
241 OCOEE-APOPKA RD
OCOE FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. POLLET**4/6/95****407-877-0330**