

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V05511** (3)  
1. Corporation Name  
**GOLF CLEAN INTERNATIONAL, INC.**



Principal Place of Business Mailing Address  
**536 E. TARPON AVENUE, SUITE 5**  
**TARPON SPRINGS FL 34689**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/10/1992</b>		3a. Date of Last Report <b>04/04/1995</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0320471</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MAURO, ED</b> <b>744 RANCH ROAD</b> <b>TARPON SPRINGS FL 34689</b>				81 Name <b>KEN MAURO</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>536 E. TARPON AVENUE</b>			
				83 <b>SUITE 5</b>			
				84 City <b>TARPON SPRINGS</b> FL 85 Zip Code <b>34689</b>			

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, on 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]* (NOTE: Registered Agent Signature required when re-stating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	STREET ADDRESS	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS
CITY - ST - ZIP			1.4 CITY - ST - ZIP		
TITLE	NAME	STREET ADDRESS	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS
CITY - ST - ZIP			2.4 CITY - ST - ZIP		
TITLE	NAME	STREET ADDRESS	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE	NAME	STREET ADDRESS	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE	NAME	STREET ADDRESS	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE	NAME	STREET ADDRESS	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E034 (12/95)