

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1999.
AMOUNT DUE ON OR BEFORE 09/30/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1998⁹



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

FILED
Apr 28, 1999 8:00 am
Secretary of State
04-28-1999 90068 025 ***158.75

DOCUMENT # V08532 (6)
1. Corporation Name
CUT-CLEAN INDUSTRIES, CORP.



Principal Place of Business
3400 SW 26TH TERRACE
SUITE A-3B
FT. LAUDERDALE FL 33312
US

Mailing Address
3400 SW 26TH TERRACE
SUITE A-3B
FT. LAUDERDALE FL 33312
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 856 E. PLANTATION CIR
27 Suite, Apt. #, etc.
28 PLANTATION FL
29 33324
30 Broward

3. Date Incorporated or Qualified
01/21/1992

4. FEI Number
65-0310164

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MILENTHAL, ROBERT
5517 MONROE STREET
HOLLYWOOD FL 33002

10. Name and Address of New Registered Agent
81 Name CHARLES BALD
82 Street Address (P.O. Box Number is Not Acceptable)
1391 E. SAMPLE ROAD
83
84 Pompano Beach FL 85 Zip Code 33064

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]* 4-13-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|----------------------|-------------------------|---------------|--------------------------|
| P | LANG, MARKUS | 856 E PLANTATION CIRCLE | PLANTATION FL | <input type="checkbox"/> |
| D | LANG, WERNER GERHARD | 856 E PLANTATION CIRCLE | PLANTATION FL | <input type="checkbox"/> |
| V | MILENTHAL, ROBERT | 5517 MONROE STREET | HOLLYWOOD FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE | Change | Addition |
|-------|------|----------------|-------------|--------------------------|--------------------------|--------------------------|
| 1.1 | 1.2 | 1.3 | 1.4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 | 2.2 | 2.3 | 2.4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 | 3.2 | 3.3 | 3.4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 | 4.2 | 4.3 | 4.4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 | 5.2 | 5.3 | 5.4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 | 6.2 | 6.3 | 6.4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(c), 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 change, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/98)