

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V21531** (1)

1. Corporation Name
HEAVENLY CLEAN, INC.



Principal Place of Business Mailing Address
918-A S.E. 9TH LN. #A CAPE CORAL FL 33990

3. Date Incorporated or Qualified **03/13/1992** 3a. Date of Last Report **04/19/1995**
4. FEI Number **65-0315624** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**SABO, MICHAEL S
2134 SW 13TH AVE
CAPE CORAL FL 33991**

10. Name and Address of New Registered Agent
81 Name **SABO MICHAEL S.**
82 Street Address (P.O. Box Number is Not Acceptable) **921 SE 4 St.**
83 **Cape Coral**
84 City **FL** 85 Zip Code **33990**

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. Thereby, 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 the applicable (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	SABO, MICHAEL S	
STREET ADDRESS	2134 SW 13TH AVE	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	SABO, MARTHA J	
STREET ADDRESS	2134 SW 13TH AVE	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PDT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	SABO MICHAEL S.	
3. STREET ADDRESS	921 SE 4 St.	
4. CITY - ST - ZIP	CAPE CORAL FL 33990	
2. TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	SABO MARTHA J.	
3. STREET ADDRESS	921 SE 4 St.	
4. CITY - ST - ZIP	Cape Coral FL 33990	
3. TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. NAME	GEORGE DEWITT	
3. STREET ADDRESS	12470 Riverside Dr.	
4. CITY - ST - ZIP	Ft Myers FL 33919	
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
4. STREET ADDRESS		
4. CITY - ST - ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
5. CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. 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: *Michael S Sabo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 941-5743344
DATE DATE

CR2E034 (12/95)