

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

FILED
Jan 22 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 # **V31771** (1)
1. Corporation Name
CERTIFIED SWEEPING, INC.



Principal Place of Business
~~3203 ROBBINS ROAD~~
~~POMPANO BEACH FL 33069~~
US

Mailing Address
~~PO BOX 824~~
~~POMPANO BEACH FL 33061~~
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 918 PACE DR NW Suite, Apt. #, etc. 22		2a. Mailing Address 26 PO BOX 100422 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 04/27/1992	4. FEI Number 65-0329790 Applied For Not Applicable
23 PALM BAY FL City & State 24 32907 Zip 25 USA Country		28 PALM BAY FL City & State 29 32910 Zip 30 USA Country		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 type="checkbox"/> Yes <input type="checkbox"/> No	

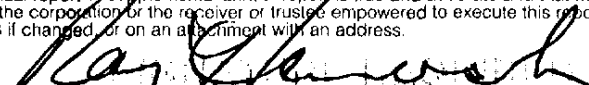
9. Name and Address of Current Registered Agent LUKEN, THOMAS 1200 E OAKLAND PARK BLVD FT LAUDERDALE FL 33334		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANOUSEK, RAYMOND	1.2 NAME	
STREET ADDRESS	3203 ROBBINS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	918 PACE DR NW	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALM BAY FL	2.2 NAME	
STREET ADDRESS	32907	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  1-9-98 73521000

CR2E034 (10/97)