


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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90064 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V38037**

1. Corporation Name
CLEANER CARS, INC.



Principal Place of Business 5920 CARRIER STREET NORTH SUITE 1 ST PETERSBURG FL 33714	Mailing Address 5920 CARRIER STREET NORTH SUITE 1 ST PETERSBURG FL 33714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/20/1992	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3122785	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DATTILO, JOSEPH A 5920 CARRIER STREET NO SUITE 1 ST PETERSBURG FL 33714		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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DATTILO, JOSEPH A		1.2 NAME	
STREET ADDRESS 5920 CARRIER STREET N. SUITE 1		1.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL		1.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEERAN, SCOTT A		2.2 NAME	
STREET ADDRESS 5920 CARRIER STREET N STE 1		2.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG DL		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLETCHER, RONALD A		3.2 NAME	
STREET ADDRESS 3600 49TH AVENUE N., #15A		3.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG FL		3.4 CITY-ST-ZIP	
TITLE Treasurer	<input type="checkbox"/> DELETE	4.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Jeffrey S. Larson		4.2 NAME Jeffrey S. Larson	
STREET ADDRESS 1356 16th Terrace S.		4.3 STREET ADDRESS 1356 16th Terrace S.	
CITY-ST-ZIP St. Petersburg, FL 33705		4.4 CITY-ST-ZIP St. Petersburg, FL 33705	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)