SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT • FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS FILED DOCUMENT # V38150 96 SEP -6 AM 10: 05 EXECUTIVE CLEANING, INC. SECRETARY OF STATE Principal Place of Business Mailing Address 229 BENTBOUGH DR. 229 BENTBOUGH DR. LEESBURG FL 34748 LEESBURG FL 34748 3. Date incorporated or Qualified 3a. Date of Last Report 05/19/1992 06/19/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 59-3125268 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zıp. Country Country 8. This corporation has liability for intangible tax under s 199.032.

Florida Statutes Yes No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COLLINS STANLEY J. 81 Name 229 BENTBOUGH DR Street Address (P.O. Box Number is Not Acceptable) 82 LEESBURG FL 34748 83 Crtv Zip Code 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 of agent, or boltr, 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 harve of regulared agent and true it apply able (NOTE: Registered Agent signature required when reinstating): 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) TITLE DELETE TITLE Change Addition NAME COLLINS, STANLEY J. **800001951588** -09/19/96--01049--006 1.2 NAME STREET ADDRESS 229 BENTBOUGH DR. CR2E034 1.3 STREET ADDRESS LEESBURG FL CITY-ST-ZIP \*\*\*\*375.00 \*\*\*\*375.00 1 4 CITY - ST - 21P TITLE DELETE 2.1 TITLE Change Addition NAME COLLINS, REBECCA L. 2.2 NAME 229 BENTBOUGH DR. STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP LEESBURG FL 2 4 CHTY - ST - ZIP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY - ST - 7/P HILE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5.1 THILE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6 1 TIFLE Change Addition NAME 6 2 NAME STREET ADDRESS 63 STREET ADDRESS 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 Statules 1 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 617, Florida Statules, and that my name appears in Block 13 if changed, or on an attachment with an address. 64 CITY - ST - ZIP

SIGNING OFFICER OR DIRECTOR

SIGNATURE: