

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V69990**

(2)

1. Corporation Name

**TRI O CLEAN SYSTEMS, INC.**

Principal Place of Business

**100 AVENUE A  
SUITE 1-F  
FT. PIERCE FL 34950  
US**

Mailing Address

**100 AVENUE A  
SUITE 1-F  
FT. PIERCE FL 34950  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/09/1992**

4. FEI Number

**65-0321628**

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

2. Principal Place of Business

**21 10 SE Central Parkway**

Suite, Apt. #, etc.

**22 Suite 302**

City & State

**23 Stuart, Florida**

Zip

**24 34994**

Country

**25 U.S.A.**

2a. Mailing Address

**26 74-900 Highway 111**

Suite, Apt. #, etc.

**27 Suite 111**

City & State

**28 Indian Wells, CA**

Zip

**29 92210**

Country

**30 U.S.A.**

9. Name and Address of Current Registered Agent

**PEARSALL, CHARLES W  
100 AVE A, STE 1F  
FT PIERCE FL 34950**

10. Name and Address of New Registered Agent

**81 Name Pearsall, Charles W**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**10 SE Central Parkway, Suite 302**

**83**

**Stuart, Florida**

**84 City**

**Stuart**

**FL**

**85 Zip Code  
34994**

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

TITLE ☐ DELETE

**P  
NAME CALDERA, MANUEL  
STREET ADDRESS 74-900 HWY III, STE 221  
CITY-ST-ZIP INDIAN WELLS CA 92210**

TITLE ☐ DELETE

**VP  
NAME PEARSALL, CHARLES W  
STREET ADDRESS 100 AVE A, STE 1F  
CITY-ST-ZIP FT PIERCE FL 34950**

TITLE ☐ DELETE

**S  
NAME ELDRED, LANSTON  
STREET ADDRESS 74-900 HWY 111 STE 223  
CITY-ST-ZIP INDIAN WELLS CA 92210**

TITLE ☒ DELETE

**T  
NAME GARCIA, ARCHIE  
STREET ADDRESS 74-900 HWY III, STE 221  
CITY-ST-ZIP INDIAN WELLS CA 92210**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 74-900 Hwy 111, Suite 111  
1.4 CITY-ST-ZIP**

☒ Change ☐ Addition

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 10 SE Central Parkway, Suite 302  
2.4 CITY-ST-ZIP Stuart, Florida 34994**

☒ Change ☐ Addition

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 74-900 Highway 111, Suite 127  
3.4 CITY-ST-ZIP Indian Wells, CA 92210**

☐ Change ☒ Addition

**T  
NAME Nazarian, Michelle  
4.3 STREET ADDRESS 74-900 Hwy 111, Suite 111  
4.4 CITY-ST-ZIP Indian Wells, CA 92210**

☐ Change ☐ Addition

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

**e. W. Pearsall**

**Apr 26, 1998**

**561-286-2222**

CR2E034 (10/97)