

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 214891 (4)
1. Corporation Name
STATE VACUUM OF TAMPA, INC



Principal Place of Business: **3143 W KENNEDY BLVD TAMPA FL 33609**
Mailing Address: **3143 W KENNEDY BLVD TAMPA FL 33609**

3. Date Incorporated or Qualified: **08/25/1958**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **59-0840308**
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: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24
Country: 25
City & State: 28
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EPSTEIN, BERNARD
3143 W KENNEDY BLVD
TAMPA FL 33609

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 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	VPD	1.1 TITLE	
NAME	EPSTEIN, DAVID	1.2 NAME	
STREET ADDRESS	3143 W. KENNEDY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	PD
NAME		2.2 NAME	Bernard Epstein
STREET ADDRESS		2.3 STREET ADDRESS	3143 W Kennedy Blvd
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tampa FL 33609
TITLE		3.1 TITLE	SD
NAME		3.2 NAME	Betty Epstein
STREET ADDRESS		3.3 STREET ADDRESS	3143 W Kennedy Blvd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tampa FL 33609
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 818857844
Date Daytime Phone #

CR2E034 (12/95)