


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90147 003 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 818751**

1. Corporation Name  
**TEXTILE RENTAL SERVICES ASSOCIATION OF AMERICA, INC.**

Principal Place of Business 1130 E. BEACH BLVD SUITE B HALLANDALE FL 33009 US	Mailing Address PO BOX 1283 HALLANDALE FL 33009-1283
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21 2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified <b>05/24/1965</b>
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>36-2036177</b>
23 City & State	27 City & State	Applied For Not Applicable
24 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25	29	30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

~~CONTNEY, JOHN J~~  
 1130 E. BEACH BLVD  
 SUITE B  
 HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name **ELLER, J. BURTON**

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/28/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPENCE, ROBERT E	
STREET ADDRESS	330 W 19TH TERRACE	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STETTNER, MAX H	
STREET ADDRESS	2255 CITY LINE ROAD	
CITY-ST-ZIP	BETHLEHAM PA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, TIM	
STREET ADDRESS	215 S. JEFFERSON ST.	
CITY-ST-ZIP	MEXICO MO	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROLF, RANDY K	
STREET ADDRESS	101 W. 11 ST.	
CITY-ST-ZIP	KANSAS CITY MO 64105-1803	
TITLE	SM	<input checked="" type="checkbox"/> DELETE
NAME	CONTNEY, JOHN J.	
STREET ADDRESS	1130 E. BEACH BLVD., SUITE B	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FELDMAN, BRUCE R.	
STREET ADDRESS	80 MEAD STREET	
CITY-ST-ZIP	DAYTON OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALLEN DE NORMANDIE	
1.3 STREET ADDRESS	8801 S. South Chicago Ave.	
1.4 CITY-ST-ZIP	CHICAGO, IL 60617	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	J. BURTON ELLER	
2.3 STREET ADDRESS	1130 E. BEACH BLVD SUITE B	
2.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOMER CLEMENTS	
4.3 STREET ADDRESS	ONE W. MAYFLOWER AVE.	
4.4 CITY-ST-ZIP	N. LAS VEGAS, NV 89030	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MICHAEL R. LUDWIG	
5.3 STREET ADDRESS	3377 5TH AVES.	
5.4 CITY-ST-ZIP	FORT DODGE, IA 50501	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	STEPHEN ROHMAN	
6.3 STREET ADDRESS	3300 N 41 ST.	
6.4 CITY-ST-ZIP	LINCOLN, NE 68504	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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]* DATE **4/28/99** (954)457-7553

CR2E037 (11/98)