

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H35768** (1)

1. Corporation Name
PRESTIGE CLEANERS, INC.



Principal Place of Business: % ROBERT H. THORNTON, 2210 N. MONROE ST., TALLAHASSEE FL 32303
Mailing Address: % ROBERT H. THORNTON, 2210 N. MONROE ST., TALLAHASSEE FL 32303

3. Date Incorporated or Qualified: **12/27/1984**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2485657**
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 Subst. Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Subst. Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

THORNTON, SCOTT, H
2210 N. MONROE ST.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 FL 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 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	THORNTON, SCOTT HOLLAND	<input type="checkbox"/> DELETE
NAME		2313 HAVERHILL DR	
STREET ADDRESS		TALLAHASSEE FL	
CITY-STATE-ZIP			
TITLE	V	SHRODE, DEBORAH A.	<input type="checkbox"/> DELETE
NAME		3269 LORD MURPHY TRAIL	
STREET ADDRESS		TALLAHASSEE FL	
CITY-STATE-ZIP			
TITLE	ST	SHRODE, CHARLES	<input type="checkbox"/> DELETE
NAME		3269 LORD MURPHY TRAIL	
STREET ADDRESS		TALLAHASSEE FL	
CITY-STATE-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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: *Robert H. Thornton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-96 964
380-22-73

CR2E034 (12/95)