

**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 CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S44680 (4)

1. Corporation Name
N C'S QUALITY CLEANING, INC.



Principal Place of Business: **4605 HUNTSMAN CT TAMPA FL 33624 US**
Mailing Address: **PO BOX 274002 TAMPA FL 33688-002 US**

3. Date Incorporated or Qualified: **04/11/1991**
3a. Date of Last Report: **06/05/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-3051703	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LUTGEN, NEDA DELIA MARIA CONTI DE 4605 HUNTSMAN CT TAMPA FL 33624		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTGEN, NEDA DELIA MARIA	1.2 NAME	
STREET ADDRESS	13457 GOUVENORS DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTGEN, ENRIQUE A	2.2 NAME	
STREET ADDRESS	13457 GOUVENORS DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTGEN, ALFREDO	3.2 NAME	
STREET ADDRESS	13457 GOUVENORS DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Neda Lutgen* **8/2/96** **813-960-1391**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day of the Phone #

CR2E034 (3/96)