

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V36555 (3)

1. Corporation Name
BIOHAZARD LAUNDRY SERVICES, INC.



Principal Place of Business
**12616 CLENDENNING DR
TAMPA FL 33624**

Mailing Address
**12616 CLENDENNING DR
TAMPA FL 33624**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/14/1992	3a. Date of Last Report 04/25/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FET Number 59-3125305	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KREKORIAN, MARK 12616 CLENDENNING DR TAMPA FL 33624				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 607.0305, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and date of filing (NOTE: Registered Agent signature required when not stating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KREKORIAN, MARK		2. NAME				
STREET ADDRESS	12616 CLENDENNING DR		3. STREET ADDRESS				
CITY-STATE-ZIP	TAMPA FL		4. CITY-STATE-ZIP				
TITLE	VSD	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KREKORIAN, MICHELE		22. NAME				
STREET ADDRESS	12616 CLENDENNING DR		23. STREET ADDRESS				
CITY-STATE-ZIP	TAMPA FL		24. CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			32. NAME				
STREET ADDRESS			33. STREET ADDRESS				
CITY-STATE-ZIP			34. CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			42. NAME				
STREET ADDRESS			43. STREET ADDRESS				
CITY-STATE-ZIP			44. CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			52. NAME				
STREET ADDRESS			53. STREET ADDRESS				
CITY-STATE-ZIP			54. CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			62. NAME				
STREET ADDRESS			63. STREET ADDRESS				
CITY-STATE-ZIP			64. 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: *Mark Krekorian* **MARK KREKORIAN** 4/15/96 813-9498813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)