

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # K79764

(2)

1. Corporation Name

AIROSO CLEANERS, INC.



Principal Place of Business

Mailing Address

13358 NW ST LUCIE WEST BLVD
PORT ST LUCIE FL 34986
US13358 NW ST LUCIE WEST BLVD
PORT ST LUCIE FL 34986
US

3. Date Incorporated or Qualified

04/10/1989

3a. Date of Last Report

03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 1335 B NW ST LUCIE WEST BLVD - 1335 B
Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

24

25

Country

Zip

Country

26

29

30

4. FEI Number

65-0175338

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN B BOUILLON
13358 NW ST LUCIE WEST BLVD
PORT ST LUCIE FL 34986

81 Name

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

1335 B

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE
NAME WELSH, CAROLINE
STREET ADDRESS 8027 PLANTATION LAKE DR
CITY-ST-ZIP PORT ST LUCIE FL1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 34986TITLE VD ☐ DELETE
NAME BOUILLON, SHIRLEY A.
STREET ADDRESS 8027 PLANTATION LAKES DR
CITY-ST-ZIP PORT ST LUCIE FL2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 34986TITLE PSD ☐ DELETE
NAME BOUILLON, JOHN B
STREET ADDRESS 8027 PLANTATION LAKES DR
CITY-ST-ZIP PORT ST LUCIE FL3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 34986TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JOHN B. BOUILLON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORJOHN B. BOUILLON 2/10/97
561-879-3593

Date

Daytime Phone #

0527205

CR2E034 (9/96)