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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000002294 (2)

EVERLAST CLEANING EQUIPMENT & SUPPLIES, INC. Principal Place of Business Mailing Address 2081 N.W. 29TH STREET 2081 N.W. 29TH STREET OAKLAND PARK FL 33311 OAKLAND PARK FL 33311-2127 3. Date Incorporated or Qualified 01/03/1996 3a. Date of Last Report 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0638218 Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROSENFELD, STEVEN 2081 N.W. 29TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) OAKLAND PARK FL 33311 83 84 City 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 Lam farminar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signatine hypeid or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE Change 1.1 TITLE TITLE ROSENFELD. STEVEN NAME 1.2 NAME 2081 N.W. 29TH STREET STREET ADORESS 1.3 STREET ADDRESS OAKLAND PARK FL 33311 CITY-ST- ZIP 1.4 City-St-ZiP DELETE 2.1 TITLE Change Addition THEF 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS City-St-7/2 2. 4 CITY - ST-ZIP DELETE (:hange Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition 4.1 TITLE THUE 4 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** City-St-ZiP 5.4 CITY-ST-ZIP DELETE Change Addition HTLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 clirector of the corporation or the receive or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name

SIGNATURE:

4/16/97 (154) 739-550/
Dayme Proce #

**FILED** 

Apr 24 1997 8:00am

Secretary of State