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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 818751

1. Corporation Name

TEXTILE RENTAL SERVICES ASSOCIATION OF AMERICA, INC.

Principal Place of Business

1130 E. BEACH BLVD
 SUITE B
 HALLANDALE FL 33009
 US

Mailing Address

PO BOX 1283
 HALLANDALE FL 33009-1283



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/24/1965
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	36-2036177
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

~~CONTNEY, JOHN J.~~
 1130 E. BEACH BLVD
 SUITE B
 HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name	ELLER, J. BURTON
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	T
NAME	SPENCE, ROBERT E	1.2 NAME	ALLEN DE NORMANDIE
STREET ADDRESS	330 W 19TH TERRACE	1.3 STREET ADDRESS	8801 S. South Chicago Ave.
CITY-ST-ZIP	KANSAS CITY MO	1.4 CITY-ST-ZIP	CHICAGO, IL 60617
TITLE	D	2.1 TITLE	S
NAME	STETTNER, MAX H	2.2 NAME	J. BURTON ELLER
STREET ADDRESS	2255 CITY LINE ROAD	2.3 STREET ADDRESS	1130 E. BEACH BLVD SUITE B
CITY-ST-ZIP	BETHLEHAM PA	2.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	TD	3.1 TITLE	V
NAME	WILLIAMS, TIM	3.2 NAME	
STREET ADDRESS	215 S. JEFFERSON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEXICO MO	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	D
NAME	ROLF, RANDY K	4.2 NAME	HOMER CLEMENTS
STREET ADDRESS	101 W. 11 ST.	4.3 STREET ADDRESS	ONE W. MAYFLOWER AVE.
CITY-ST-ZIP	KANSAS CITY MO 64105-1803	4.4 CITY-ST-ZIP	N. LAS VEGAS, NV 89030
TITLE	SM	5.1 TITLE	D
NAME	CONTNEY, JOHN J.	5.2 NAME	MICHAEL R. LUDWIG
STREET ADDRESS	1130 E. BEACH BLVD., SUITE B	5.3 STREET ADDRESS	3377 5TH AVES.
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	FORT DODGE, IA 50501
TITLE	D	6.1 TITLE	D
NAME	FELDMAN, BRUCE R.	6.2 NAME	STEPHEN ROHMAN
STREET ADDRESS	80 MEAD STREET	6.3 STREET ADDRESS	3300 N 41 ST.
CITY-ST-ZIP	DAYTON OH	6.4 CITY-ST-ZIP	LINCOLN, NE 68504

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (954)457-9553

CR2E037 (11/98)