

**LE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY - 1 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H92433 (2)**

1. Corporation Name  
**COMMENT CLEANERS, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
**C/O JOHANNA CONSTANTINE  
14152 67 AVE NORTH  
PALM BCH GARDENS FL 33418-4277**      **C/O JOHANNA CONSTANTINE  
14152 67 AVE NORTH  
PALM BCH GARDENS FL 33418-4277**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/31/1985**      **04/22/1994**

2. Principal Place of Business      2a. Mailing Address  
21      26

4. FEI Number      Applied For  
**59-2653732**       Not Applicable

22 Suite, Apt. #, etc.      27 Suite, Apt. #, etc.

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

23 City & State      28 City & State

6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

24 Zip      Country      29 Zip      30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**CONSTANTINE, JOHANNA  
14152 67TH AVE NORTH  
PALM BCH GRDNS FL 33418**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

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 registering)      DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>DRUCE, ROBERT A.</b>
STREET ADDRESS	<b>701 W LANTANA RD.</b>
CITY - ST - ZIP	<b>LANTANA FL</b>
TITLE	<b>VD</b>
NAME	<b>DAVIS, ARTHUR</b>
STREET ADDRESS	<b>701 W LANTANA RD</b>
CITY - ST - ZIP	<b>LANTANA FL</b>
TITLE	<b>ST</b>
NAME	<b>SMITH, FRANCES J.</b>
STREET ADDRESS	<b>701 W LANTANA RD</b>
CITY - ST - ZIP	<b>LANTANA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 included 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 of this report, or on an attachment with an address.

SIGNATURE:      **ARTHUR DAVIS**  
Type      Date      4 25 95      407 585 2294