

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H92433 (2)
1. Corporation Name
COMMENT CLEANERS, INC.



Principal Place of Business: **C/O JOHANNA CONSTANTINE
14152 E7 AVE NORTH
PALM BCH GARDENS FL 33418-4277**

Mailing Address: **C/O JOHANNA CONSTANTINE
14152 67 AVE NORTH
PALM BCH GARDENS FL 33418-4277**

3. Date Incorporated or Qualified: **12/31/1985** 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2653732		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		23		28	
Zip		Country		24		29	
25		30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CONSTANTINE, JOHANNA 14152 67TH AVE NORTH PALM BCH GRDNS FL 33418				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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUCE, ROBERT A.	1. 2 NAME	
STREET ADDRESS	701 W LANTANA RD.	1. 3 STREET ADDRESS	
CITY - ST - ZIP	LANTANA FL	1. 4 CITY - ST - ZIP	
TITLE	VD	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ARTHUR	2. 2 NAME	
STREET ADDRESS	701 W LANTANA RD	2. 3 STREET ADDRESS	
CITY - ST - ZIP	LANTANA FL	2. 4 CITY - ST - ZIP	
TITLE	ST	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, FRANCES J.	3. 2 NAME	
STREET ADDRESS	701 W LANTANA RD	3. 3 STREET ADDRESS	
CITY - ST - ZIP	LANTANA FL	3. 4 CITY - ST - ZIP	
TITLE		4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY - ST - ZIP		4. 4 CITY - ST - ZIP	
TITLE		5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY - ST - ZIP		5. 4 CITY - ST - ZIP	
TITLE		6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY - ST - ZIP		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 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 or changed, noted on an attachment with an address.

SIGNATURE: _____ DATE: **4 26 96** DAY/TIME PHONE #: **407 585 2292**

CR2E034 (12/95)