

FILED

Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J43814 (9)
1. Corporation Name
CONTINENTAL CLEAN & SEW, INC.



Principal Place of Business
C/O VASANT PATEL
1682 S. CONGRESS AVE.
WEST PALM BCH. FL 33461
US

Mailing Address
% VASANT PATEL
1682 SOUTH CONGRESS AVENUE
WEST PALM BEACH FL 33461-2142

3. Date Incorporated or Qualified 11/24/1986	3a. Date of Last Report 01/30/1996
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-2759396		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25		30					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATEL, VASANT
1682 SOUTH CONGRESS AVENUE
WEST PALM BEACH FL 33461

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	<div> <div>PD</div> <div>PATEL, VASANT</div> <div>3637 CYPRESS W COURT</div> <div>LAKE WORTH FL</div> </div> <div> <input type="checkbox"/> DELETE </div>	1.1 TITLE	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<div> <input type="checkbox"/> DELETE </div>	2.1 TITLE	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<div> <input type="checkbox"/> DELETE </div>	3.1 TITLE	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<div> <input type="checkbox"/> DELETE </div>	4.1 TITLE	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<div> <input type="checkbox"/> DELETE </div>	5.1 TITLE	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<div> <input type="checkbox"/> DELETE </div>	6.1 TITLE	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
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 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 13-4 changed, or on an attachment with an address.

SIGNATURE: [Signature] 1/14/97 (551) 968-8290
PRINT NAME AND SUFFIX OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dutime Phone #

CR2E034 (9/96)