

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K50714 (0)

1. Corporation Name

DURACLEAN ASSOCIATED SERVICES, INC.

Principal Place of Business

Mailing Address

1331 N PALM AVENUE
PEMBROKE PINES FL 33026
US

1331 N PALM AVENUE
PEMBROKE PINES FL 33016
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 9711 SW 9 CT.		26 9711 SW 9 CT		12/12/1988		06/20/1995	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		4. FEI Number		Applied For	
				65-0077849		Not Applicable	
23 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
PEMBROKE PINES, FL		PEMBROKE PINES, FL		☐		☐	
24 Zip		29 Zip		6. Election Campaign Financing		5.00 May Be Added to Fees	
33025		33025		Trust Fund Contribution		☐	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes.			
				☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

LABRIOLA, RALPH
9711 S.W. 9TH CT.
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 of individual registered agent and the applicable

(NONE - Registered Agent's signature required when re-stating)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	
NAME	LABRIOLA, RALPH	12 NAME	
STREET ADDRESS	9711 S.W. 9TH CT.	13 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	
NAME	LABRIOLA, MARGARET	22 NAME	
STREET ADDRESS	9711 S.W. 9TH CT.	23 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Margaret Labriola MARGARET LABRIOLA 6/19/96 (954) 437-1742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXPIRATION PERIOD

CR2E034 (3/96)