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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 # **K79764** (2)  
1. Corporation Name  
**AIROSO CLEANERS, INC.**



Principal Place of Business Mailing Address  
**13358 NW ST LUCIE WEST BLVD** **13358 NW ST LUCIE WEST BLVD**  
**PORT ST LUCIE FL 34986** **PORT ST LUCIE FL 34986**  
**US** **US**

3. Date Incorporated or Qualified **04/10/1989** 3a. Date of Last Report **03/21/1996**

2. Principal Place of Business 2a. Mailing Address  
21 **1335 B NW ST LUCIE WEST BLVD - 1335 B**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **65-0175338** Applied For  
Not Applicable

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

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

24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHN B BOUILLON**  
**13358 NW ST LUCIE WEST BLVD**  
**PORT ST LUCIE FL 34986**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1335 B**  
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 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  DELETE  
NAME **VD WELSH, CAROLINE**  
STREET ADDRESS **8027 PLANTATION LAKE DR**  
CITY-ST-ZIP **PORT ST LUCIE FL**  
TITLE  DELETE  
NAME **VD BOUILLON, SHIRLEY A.**  
STREET ADDRESS **8027 PLANTATION LAKES DR**  
CITY-ST-ZIP **PORT ST LUCIE FL**  
TITLE  DELETE  
NAME **PSD BOUILLON, JOHN B**  
STREET ADDRESS **8027 PLANTATION LAKES DR**  
CITY-ST-ZIP **PORT ST LUCIE FL**  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **34986**  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **34986**  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **34986**  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  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 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 if changed, or on an attachment with an address.

SIGNATURE: *John B. Bouillon* **JOHN B. BOUILLON** 2/10/97 561-879-3593  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)