


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K83815** (6)

1. Corporation Name
DUNAMIS CLEANING SERVICES, INC.

Principal Place of Business 2517 EAST 149TH AVE LUTZ FL 33549 US	Mailing Address 2517 EAST 149TH AVE LUTZ FL 33549-3159 US
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2. Principal Place of Business 21 104 W. SENECA AVE Suite, Apt. #, etc. #10 City & State Tampa, FL Zip 33612 Country Hillsborough		2a. Mailing Address 26 104 W. SENECA AVE. Suite, Apt. #, etc. #10 City & State Tampa, FL Zip 33612 Country Hillsborough		3. Date Incorporated or Qualified 04/27/1989	3a. Date of Last Report 05/14/1996
22 33612		27 #10		4. FEI Number 59-2938928	Applied For <input type="checkbox"/> Not Applicable
23 Tampa, FL		28 Tampa, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33612		29 33612		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Hillsborough		30 Hillsborough		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MOORE, JOHN E. 2517 EAST 149TH AVE LUTZ FL 33549				10. Name and Address of New Registered Agent	
				81 Name MOORE, JOHN E.	
				82 Street Address (P.O. Box Number is Not Acceptable) 104 W. SENECA AVE SUITE 10	
				83	
				84 City TAMPA	85 Zip Code FL 33612

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	PCT <input type="checkbox"/> DELETE	1.1 TITLE	PCT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JOHN E.	1.2 NAME	MOORE JOHN E.
STREET ADDRESS	2517-E 149TH AVE	1.3 STREET ADDRESS	104 W. SENECA AVE. SUITE 10
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	TAMPA, FL 33613
TITLE	VSM <input type="checkbox"/> DELETE	2.1 TITLE	VSM <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRITT, MARGARET	2.2 NAME	MERRITT, MARGARET
STREET ADDRESS	14420 HALLENEIL DRIVE H-5	2.3 STREET ADDRESS	13604 DONNAWAY CIR APT 107
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33613
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97 **613-935-3939**
613-971-4635

Date

Daytime Phone #

0346700

CR2E034 (9/96)