

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

FILED

Apr 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <span style="font-size: 1.5em; font-family: cursive;">P.33729</span>			
<b>1. Corporation Name</b> <b>TROPHY CLEANERS, INC.</b>			
<b>Principal Place of Business</b> P.O. Box 1084 Tyler, TX 75710-1084		<b>Mailing Address</b> P.O. Box 1084 Tyler, TX 75710-1084	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
<b>3. Date Incorporated or Qualified</b> 10/20/95		<b>3a. Date of Last Report</b> 3/6/96	
<b>4. FEI Number</b> 75-2618242		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
SIGNATURE: <i>[Signature]</i> <small>Print or type or printed name of registered agent and title if applicable.</small>		<b>81 Name</b> William B. Taylor, IV	
		<b>82 Street Address (P.O. Box Number is Not Acceptable)</b> 400 N. Tampa Street	
		<b>83 Suite</b> Suite 2300	
		<b>84 City</b> Tampa	
<b>85 Zip Code</b> FL 33602		<b>DATE</b> March 31, 1997	
<b>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.</b>			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>1. NAME</b> PCD Fair, James W. <b>2. STREET ADDRESS</b> 225 S. College <b>3. CITY - ST - ZIP</b> Tyler, TX		<b>1.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>4. TITLE</b> VP <b>5. NAME</b> Garrett, John R. <b>6. STREET ADDRESS</b> 225 S. College <b>7. CITY - ST - ZIP</b> Tyler, TX		<b>1.2 NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>8. TITLE</b> STD <b>9. NAME</b> King, Barbara <b>10. STREET ADDRESS</b> 225 S. College <b>11. CITY - ST - ZIP</b> Tyler, TX		<b>1.3 STREET ADDRESS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. TITLE</b> <input type="checkbox"/> DELETE		<b>1.4 CITY - ST - ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>13. NAME</b> <input type="checkbox"/> DELETE		<b>2.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>14. STREET ADDRESS</b> <input type="checkbox"/> DELETE		<b>2.2 NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>15. CITY - ST - ZIP</b> <input type="checkbox"/> DELETE		<b>2.3 STREET ADDRESS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>16. TITLE</b> <input type="checkbox"/> DELETE		<b>2.4 CITY - ST - ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>17. NAME</b> <input type="checkbox"/> DELETE		<b>3.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>18. STREET ADDRESS</b> <input type="checkbox"/> DELETE		<b>3.2 NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>19. CITY - ST - ZIP</b> <input type="checkbox"/> DELETE		<b>3.3 STREET ADDRESS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>20. TITLE</b> <input type="checkbox"/> DELETE		<b>3.4 CITY - ST - ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>21. NAME</b> <input type="checkbox"/> DELETE		<b>4.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>22. STREET ADDRESS</b> <input type="checkbox"/> DELETE		<b>4.2 NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>23. CITY - ST - ZIP</b> <input type="checkbox"/> DELETE		<b>4.3 STREET ADDRESS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>24. TITLE</b> <input type="checkbox"/> DELETE		<b>4.4 CITY - ST - ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>25. NAME</b> <input type="checkbox"/> DELETE		<b>5.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>26. STREET ADDRESS</b> <input type="checkbox"/> DELETE		<b>5.2 NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>27. CITY - ST - ZIP</b> <input type="checkbox"/> DELETE		<b>5.3 STREET ADDRESS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>28. TITLE</b> <input type="checkbox"/> DELETE		<b>5.4 CITY - ST - ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>29. NAME</b> <input type="checkbox"/> DELETE		<b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>30. STREET ADDRESS</b> <input type="checkbox"/> DELETE		<b>6.2 NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>31. CITY - ST - ZIP</b> <input type="checkbox"/> DELETE		<b>6.3 STREET ADDRESS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>32. TITLE</b> <input type="checkbox"/> DELETE		<b>6.4 CITY - ST - ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>			
<b>SIGNATURE:</b> <i>James W. Fair</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Date:</b> 4/3/97 <b>Daytime Phone #:</b> 903-592-8509	

CR2E034 (9/96)