

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000002841 (3)

1. Corporation Name

IMMACULATE SERVICES INC.



Principal Place of Business

6413 COUNTRY FAIR CIRCLE
BOYNTON BEACH FL 33437

Mailing Address

6413 COUNTRY FAIR CIRCLE
BOYNTON BEACH FL 33437

2. Principal Place of Business

21 6413 COUNTRY FAIR CIRCLE

2a. Mailing Address

26 6413 COUNTRY FAIR CIRCLE

City & State

23 BOYNTON BEACH FL

City & State

28 BOYNTON BEACH FL

Zip

24 33437

Country

25 PALM BEACH

Zip

29 33437

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

MARTINE, ANTHONY L
6413 COUNTRY FAIR CIRCLE
BOYNTON BEACH FL 33437

3. Date Incorporated or Qualified

01/08/1993

3a. Date of Last Report

08/14/1995

4. FEI Number

65-0377750

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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, 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

Anthony L Martine

(If filed, Registered Agent Signature Required at a later date)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MARTINE, ANTHONY
STREET ADDRESS 6413 COUNTRY FAIR CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anthony L Martine

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY L MARTINE

APRIL 27, 1996 407-364-7306

CR2E034 (12/95)