FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000005065 (6)**

1. Corporation Name

HIGH SOCIETY CLEANERS, INCORPORATED

Principal Place of Business

2167 PINEWOODS CIRCLE
NAPLES FL 33942

Mailing Address

2167 PINEWOODS CIRCLE
NAPLES FL 33942

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **01/15/1993**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0385916** [ ] 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

9. Name and Address of Current Registered Agent

SHIRGHIO, NICHOLAS A
2167 PINEWOODS CIRCLE
NAPLES FL 33942

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 607.0505, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHIRGHIO, NICHOLAS A
STREET ADDRESS	2167 PINEWOODS CIRCLE
CITY-ST-ZIP	NAPLES FL 33942
[ ] DELETE	
TITLE	D
NAME	SHIRGHIO, PAULA M
STREET ADDRESS	2167 PINEWOODS CIRCLE
CITY-ST-ZIP	NAPLES FL 33942
[ ] DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
[ ] DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
[ ] DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
[ ] DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
[ ] DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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, including, if applicable, the addition of officers and directors, for the corporation's annual report, Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement of 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 is added in Block 13 with an addition.

SIGNATURE: Paula Shirghio PAULA SHIRGHIO 4-26-96 (941)262-2520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)