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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P93000008351 (7)

SANRUS CLEANERS, INC.

SIGNATURE: JONAU !

97 (1411)	SO OLLYMENO, MO.				
Principal Place of	of Business	Mailing Address			/44 BB116 BB101 BB1B1 1814B 411B1 B11B1 11\$1 1881
4641 HOLLYWOOD BLVD. HOLLYWOOD FL 33021		4641 HOLLYWOOD BLVD. HOLLYWOOD FL 33021			
				 Date Incorporated or Qualified 02/02/1993 	3a. Date of Last Report 05/01/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0403977	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		\$5.00 May Be
23		[28]		Trust Fund Contribution	Added to Fees
Zip	Country	<i>Ζ</i> φ	Country 30	8. This corporation has liability for Elorida Statutes Yes	Intangible tax under s. 199.032,
24	25 g. Name and Address of Curr	29 ent Registered Agent	1301	10. Name and Address of New F	
	5. (tallio dile ridatoso oi con		81 Name		
DIMAHI	DA DAREDT I		20 0 11	ress (P.O. Box Number is Not Acceptab	No.
DIMAURO, ROBERT J 2734 POLK STREET			82 Street Add	ress (P.O. Box Number is not Acceptat	ле)
SUITE G			83		~ , , , , , , , , , , , , , , , , , , ,
	WOOD FL 33020		1		12=1 7 . 0. 1.
HOLET	HOOD I E GOOED		84 City		FL 85 Zip Code
or registere	o the provisions of Sections 607.05 ed agent, or both, in the State of Flo h, and accept the obligations of, Sc	orida. Such change was authori	ized by the corporation's boa	ration submits this statement for the pu ird of directors. I hereby accept the app	pose of changing its registered office ointment as registered agent. I am
SIGNATURE					F. 47
	Signature, typed or printed name of registered at OFFICE DRIVE	Pent and tribul applicable (N AND DIRECTORS	IOTe: Ricg stered Agent signature require 13.	ADDITIONS/CHANGES TO OFF	DATE EICERS AND DIRECTORS IN 12
12.	D	DETET	1. 1 TITLE	ADDITIONS/CHANGES TO OTT	Change Addition
NAME	RUSSO, SANTO		1.2 NAME		_ , _
STREET ADDRESS	4641 HOLLYWOOD BLVD	1	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021	•	1.4 Crty-St-ZiP		
TITLE	11000110001100001	DELFTE	2 1 117LE		Change Addition
NAME			2.2 NAMÉ		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3. 1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE		[] DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHTY-ST-ZIP		A-7-A-9-15-15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	4.4 CITY - ST - ZIP		
THILE		DELETE	5. 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		First Section	5 4 CITY - S1 - ZIP		Channa Channa
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-SI-ZIP	andifuthat the interestion confi	ad with this files is volunted at	6 4 CITY-ST-7IP	for the exemption stated in Service 110	07/3)(k) Florida Statutee I further
certify that	t the information inviloated on this a	innual report or supplemental ar proporation or the receiver or trus	nnual report is true and accur tee empowered to execute th	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, F	e same legal effect as it niage upger