

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

APPROVED
AND
FILED

96 APR 29 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000004722 (2)

1. Corporation Name

PRISTINE CLEANERS, INC.

Principal Place of Business

501 E. KENNEDY BLVD.
SUITE 702
TAMPA FL 33602

Mailing Address

501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602



100001799081
-04/29/96--01076--015
****200.00 ****200.00

| | | | | | | | |
|--------------------------------|--|---------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 01/19/1994 | | 04/28/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 22 | | 27 | | 59-3227194 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | | 29 | | 30 | | | |

9. Name and Address of Current Registered Agent

HUMPHRIES, J. BOB
FOWLER, WHITE ET AL
501 E. KENNEDY BLVD., #1700
TAMPA FL 33602

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, 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 fee, if applicable (NOTE: Registered Agent signature is required when no liability)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92 | |
|----------------------------|-----------------------------|--|---|
| TITLE | DPST | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCNATT, HENRY JR. | 1.2 NAME | |
| STREET ADDRESS | 14946 N. FLORIDA AVENUE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | TAMPA FL | 1.4 CITY - ST - ZIP | |
| TITLE | AS | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUMPHRIES, J. BOB | 2.2 NAME | |
| STREET ADDRESS | 501 E. KENNEDY BLVD., #1700 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | TAMPA FL | 2.4 CITY - ST - ZIP | |
| TITLE | | 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 | | 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 | | 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 | | 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 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: J. Bob Humphries, Asst. Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

(813) 222-1173

Date

Daytime Phone #

CR2E034 (12/95)