

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000014046 (3)

1. Corporation Name

KMI PRESSURE CLEANERS, INC.



Principal Place of Business

Mailing Address

2427 N. FORSYTH ROAD
BLDG. A-D
ORLANDO FL 32807

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BLDG. A-D
ORLANDO FL 32807

3. Date Incorporated or Qualified

02/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3295022

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

10. Name and Address of New Registered Agent

BURGUNDER, KARL A
1757 W. BROADWAY
SUITE 4
OVIEDO FL 32765

81 Name

RAYMOND J. ROTEJLA

82 Street Address (P.O. Box Number is Not Acceptable)

619 E. Washington St.

83

84 City

Orlando,

FL

85 Zip Code

32802

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]

(b)(1) Registered Agent Signature required when reinstating

(b)(1)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LEONARD, APRIL
STREET ADDRESS 1013 QUAKER RIDGE CT.
CITY-ST-ZIP OVIEDO FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE President-Secr.-D
1.2 NAME George R. Kurtz
1.3 STREET ADDRESS 2427 N. Forsyth Rd. A
1.4 CITY-ST-ZIP Orlando, FL 32807

2.1 TITLE V. President
2.2 NAME Edmund Carrine
2.3 STREET ADDRESS 3028 Seminole Pratt Whitney Rd.
2.4 CITY-ST-ZIP Loxahatchee, FL 33470

3.1 TITLE Treasurer
3.2 NAME Brian Bybee
3.3 STREET ADDRESS 1533 Barbarie Lane
3.4 CITY-ST-ZIP West Palm Bch, FL 33417

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Kurtz Pres. 6-9-96

407-679-5551

CR2E034 (3/96)