FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

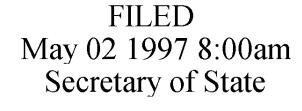
1997

DOCUMENT # P95000017064 (3)

CAB CLEANERS, INC.

Principal	Place of	Business
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Mailing Address





1750 UNIVERSIT SUITE 111 CORAL SPRING	Y DRIVE	1750 UNIVERSITY DRIVE SUITE 111 CORAL SPRINGS FL 33071	-6075		3. Date Incorporated or Qualified 03/01/1995	3a. Date of L 05/01/19	
<u></u>	ace of Business	2a. Mailing Address			4. FEI Number 65-0564861		Applied For
Sulte, Apt. 4	#, etc.	Suite, Apt. #, etc.				\$8.	Not Applicable 75 Additional
2		27			5. Certificate of Status Desired	μο. F	ee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip 4	Country 25		Gountr 30	y .		Yes 🔲 No	der s. 199.032,
	9. Name and Address of Currer	nt Registered Agent		1	10. Name and Address of New Re	gistered Agent	
	OUSE, KEITH J		81	Name ,			
	N FEDERAL HIGHWAY		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	E 353		83				
ROC	A RATON FL 33431		63				
			84	City		FL 85	Zip Code
SIGNATURE	n familiar with, and accept the oblig	inf and title if applicable (NOT)	: Registered Ac		ired when reinstaling)	DATE DIDE	OTODO IL 42
12.		D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	
TITLE	d Teeven, Gerard J	☐ Utitit	1.1 TITLE			L.J OII	ange [_] Autotor
NAME STREET ADDRESS	1750 UNIVERSITY DR., STE. 1	11	1.2 NAME	T ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071	''	1.4 CITY-	1			
MLE	D	DELETE	2.1 TITLE	31-EII	·	Ch	ange Addition
NAME	TEEVEN, GERARD P		2.2 NAME				
STREET ADDRESS	1750 UNIVERSITY DR., STE. 1	11	23 STREE	T ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2. 4 CITY	-S1-ZIP			
TITLE		☐ DELETE	3.1 THILE			[_] Ch	lange
NAME			3.2 NAME		•		
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY 4.1 TITLE	: D1 * ZII'		☐ Ch	ange
NAME			4. 2 NAM				
STREET ADDRESS			4.3 STREE	1 ADDRESS			
CITY-ST-ZIP			4,4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5 1 TITLE			☐ Ch	ange Addition
NAME			5.2 NAME	į.			
STREET ADDRESS			1	T ADDRESS }			
CITY-ST-ZIP	<u></u>	DELETE	5.4 City-	51+211"		☐ Ch	nange Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6,4 C <u>H</u> Y-	ST-ZIP			
informatio	n indicated on this annual report or :	supplemental annual report is t r the receiver or trustee empow	rue a / id∕aco /ered / o exe	urate a 10 tha	ed in Section 119.07(3)(i), Florida Statute of my signedure shall have the same loga of as required by Chapter 607, Florida S	al effect as if mad	de under oath; tha

SIGNATURE: Garand T. Massac Backs

4/28/97 954-

954-346-950