FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUA	OFIT DRATION L REPORT 1996	작물 .	B. Mortham ry of State			
DOCUM 1. Corporation Na MARGA	ENT # P9500 RET REID CLEANING SER	0024875 (3 NICE, INC.	3)			
INITION	WILL NEW OLENWING CON					
Principal Place of	Business	Mailing Address			1 100/1001 110 10191 01111 00111 00	III ABUU ABUU IIBU BIBU IBUU IBAA AMA
5853 N.W. 41 COCONUT CF	ST LANE REEK FL 33074		5853 N.W. 41ST LANE COCONUT CREEK FL 33074		Date Incorporated or Qualified 04/03/1995	3a. Date of Last Report
2. Principal Place	e of Business	2a. Mailing Address 26			4. FEI Number 05 77 3	304 Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country 25	28] Zip 29]	Countr	у	8. This corporation has liability for	interfjible tax under s 199.032,
	9. Name and Address of Current	Registered Agent	8-	1 Name	10. Name and Address of New F	registered Agent
REID, MARGARET			8:	2 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)
	.W. 41ST LANE IUT CREEK FL 33074		8:	3		
\ .			8	4 City		- FL 85 Zip Code
SIGNATURE	of agent, or both, if the state of Holic, and accept the obligations of, Sectionary types or probabilism of registeric agent OFFICERS AND	and tile r applicable. (N		ì	nd whon renstating: ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS	REID, MARGARET 5853 N.W. 41ST LANE	, <u>,</u>	1.3 S HE	EFT ADDRESS - ST-ZIP		
CITY-SI-ZIP TITLE NAME STREET ADDRESS	COCONUT CREEK FL 3307 D REID, NADRE 5853 N.W. 41ST LANE	☐ DELEJE	2 1 T L 22 N .7 2.3 S H	EET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS	COCONUT CREEK FL 330	DELETE	1	E E EET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS		☐ DELETE	3.4 C 4.1 4.2 4.3	ET ADDRESS	200018 -05/28/9601 ***200.00	Change
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	5 1 5 2 5 3	FT ADDRESS -ST-ZIP	الله والمالية المستدان	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	5.4 6.1 6.2 6.3 6.4	JE JE JE ADDRESS JE ST. ZIP		☐ Change ☐ Addition
certify that oath; that appears in	by certify that the information supplied to the information indicated on this and I am an officer or director of the corp is Block 12 or Block 13 if changed, or	nual report or supplier in the a poration or the receiver or true on an attachment with an ac	urnished and nnual report stee empowed ddress	oes not qualify	for the exemption stated in Section 1 rate and that my signature shall have this report as required by Chapter 607, TEPID LIMES	ne same legal effect as if made under Florida Statutes; and that my name
SIGNAT	SIGNATURE AND TYPEN	OR PRINTED NAME OF SKINING OF	OR DIREC	оя	Date	Daytime Phone #