

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

FILED

97 AUG -5 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000035882 (6)**

1. Corporation Name  
**SUPER CLEAN LINEN, INC.**

Principal Place of Business  
**6010 W OAKLAND PARK BLVD  
SUNRISE FL 33313**

Mailing Address  
**6010 W OAKLAND PARK BLVD  
SUNRISE FL 33313**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/03/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0577769</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**RODRIGUEZ, JUAN H  
6010 W OAKLAND PARK BLVD  
SUNRISE FL 33313**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>700002263687--5</b>
83	<b>08/11/97 01144 005</b>
84 City	<b>****165.00 ****165.00</b>
85 Zip Code	<b>FL</b>

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, JUAN H</b>	1.2 NAME	
STREET ADDRESS	<b>2575 LAKEVIEW CT UNIT 217</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOPER CITY FL 33026</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 of Block 13 if changed, or on an attachment with an address.

CR2E034 (4/97)

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July 27, 1997

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

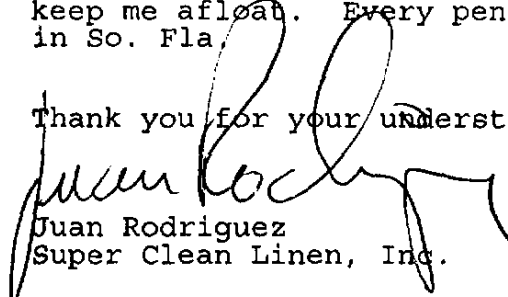
RE: Annual report  
Superclean Linen, Inc.

Dear Sandra B. Mortham, Sec of State

I never received my first notice of annual report due and just now received a second notice. I have read over the form and see that filing by may 1 would cost \$ 165 and after \$ 550 This seems to me to be a huge penalty to pay for not receiving notification timely.

I am therefore sending my payment of \$ 165 as payment in full for my annual report and hope that you will be a little compashionate for us small business owners who are just trying to make a living. The penalty of \$ 385 is too steep- that money will pay my electric & phone bill not to mention keep me afloat. Every penny counts especially in the summer in So. Fla.

Thank you for your understanding

  
Juan Rodriguez  
Super Clean Linen, Inc.