

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

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000056061 (1)
 1. Corporation Name
FAMILY CLEANING SERVICES, INC.



Principal Place of Business: **3903 E HANNA AVE TAMPA FL 33610**
 Mailing Address: **PO BOX 75994 TAMPA FL 33675-0994**

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

3. Date Incorporated or Qualified: **07/20/1995**
 3a. Date of Last Report: **03/30/1996**
 4. FFI Number: **59-3325814**
 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
 10. Name and Address of New Registered Agent

SHIPP, JOHN
3903 E HANNA AVE
TAMPA FL 33610

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: _____ DATE: _____
 OFFICERS AND DIRECTORS: _____ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P	1. TITLE: <input type="checkbox"/> Deleted <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHIPP, JOHN	2. NAME: _____
STREET ADDRESS: 3903 E HANNA AVE	3. STREET ADDRESS: _____
CITY-ST-ZIP: TAMPA FL 33610	4. CITY-ST-ZIP: _____
TITLE: _____	21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	22. NAME: _____
STREET ADDRESS: _____	23. STREET ADDRESS: _____
CITY-ST-ZIP: _____	24. CITY-ST-ZIP: _____
TITLE: _____	31. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	32. NAME: _____
STREET ADDRESS: _____	33. STREET ADDRESS: _____
CITY-ST-ZIP: _____	34. CITY-ST-ZIP: _____
TITLE: _____	41. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	42. NAME: _____
STREET ADDRESS: _____	43. STREET ADDRESS: _____
CITY-ST-ZIP: _____	44. CITY-ST-ZIP: _____
TITLE: _____	51. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	52. NAME: _____
STREET ADDRESS: _____	53. STREET ADDRESS: _____
CITY-ST-ZIP: _____	54. CITY-ST-ZIP: _____
TITLE: _____	61. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	62. NAME: _____
STREET ADDRESS: _____	63. STREET ADDRESS: _____
CITY-ST-ZIP: _____	64. 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)(b), 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. I am an officer or director of the corporation or the resident 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: *John Shipp* **JOHN SHIPP** 3/13/97 813-231-0308

CR2E034 (9/96)