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May 13, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000056948 (9) 1. Corporation Name TAURUS CLEANERS, INC.			
Principal Place of Business 2235 2ND AVENUE, NORTH ST. PETERSBURG FL 33713-8822		Mailing Address 2235 2ND AVENUE, NORTH ST. PETERSBURG FL 33713-8822	
2. Principal Place of Business 21 2201 34TH ST SOUTH Suite, Apt. #, etc. 22 City & State 23 ST PETERSBURG FL Zip 24 33713 Country 25 Pinellas		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent BRADLEY, THERESA M 2235 2ND AVE N. ST PETERSBURG FL 33713		10. Name and Address of New Registered Agent 81 Name FREDERICK L SMITH 82 Street Address (P.O. Box Number is Not Acceptable) 2235 2ND AVE N. 83 84 City ST PETERSBURG FL 85 Zip Code 33713	
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 Frederick L. Smith DATE 4-30-99 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reissuing)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE NAME SMITH, FREDERICK L STREET ADDRESS 2235 2ND AVENUE, NORTH CITY-ST-ZIP ST. PETERSBURG FL 33713-8822		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE STD <input checked="" type="checkbox"/> DELETE NAME BRADLEY, THERESA M STREET ADDRESS 2235 2ND AVENUE, NORTH CITY-ST-ZIP ST. PETERSBURG FL 33713-8822		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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; the 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 or Block 13 if changed, or on an attachment with an address. SIGNATURE: Frederick L. Smith DATE 4-30-99 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

