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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094459 (1)

USA COMMERCIAL CLEANERS, INC. Principal Place of Business Mailing Address 915 ARAGON AVENUE 915 ARAGON AVENUE WINTER PARK FL 32789 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3357878 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution 23 Added to Fees 28 Country Country Zip This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent Name PHILLIPS, JOSEPH 915 ARAGON AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 В4 Zip Code City 85 Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of Section 607.0505, Florida Statutes. 4.29.98 SIGNATURE (NCIT) Registered Agent signature required when reinslating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change 1.1 TITLE TITLE PHILLIPS, JOSEPH NAME 1.2 NAME 915 ARAGON AVENUE STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE PHILLIPS, VALERIA 2.2 NAME NAME 915 ARAGON AVENUE STREET ADDRESS 2.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY- \$1-2IP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 applicable annual report or applicable 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 of the receive or trusted 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 attackment with an address.

**FILED** 

May 08 1998 8:00am

Secretary of State