

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

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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000027414 (7)

1. Corporation Name
GQ CUSTOM CLEANING, INC.



Principal Place of Business
110 SE SOLAZ AVE
PORT ST LUCIE FL 34983

Mailing Address
110 SE SOLAZ AVE
PORT ST LUCIE FL 34983-8405

3. Date Incorporated or Qualified 03/22/1996	3a. Date of Last Report
4. FEI Number 65-0653779	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

QUINONES, GEORGE
110 SE SOLAZ AVE
PORT ST LUCIE FL 34983

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRES, TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINONES, GEORGE	1.2 NAME	QUINONES, GEORGE
STREET ADDRESS	110 SE SOLAZ AVE	1.3 STREET ADDRESS	110 SE SOLAZ AVE
CITY-ST-ZIP	PORT ST LUCIE FL 34983	1.4 CITY-ST-ZIP	PORT ST LUCIE FL 34983
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SECY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINONES, MARIA	2.2 NAME	QUINONES, MARIA
STREET ADDRESS	110 SE SOLAZ AVE	2.3 STREET ADDRESS	110 SE SOLAZ AVE
CITY-ST-ZIP	PORT ST LUCIE FL 34983	2.4 CITY-ST-ZIP	PORT ST LUCIE FL 34983
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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ REQUIRED 2/7/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)