

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

FILED
Aug 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000065111
1. Corporation Name: CAPITAL 1 PRICE TRY cleaning

Principal Place of Business: CAPITAL 1 PRICE TRY cleaning
3177 N State Rd 7, Bay #9
Margate, FL

Mailing Address: 33063-7006

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Same as above

2a. Mailing Address: Same as above

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

3. Date Incorporated or Qualified: 1997

4. FEI Number: 65-0682368

5. Certificate of Status Desired: Applied For, Not Applicable

6. Election Campaign Financing: \$8.75 Additional Fee Required

7. Trust Fund Contribution: Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes, No

9. Name and Address of Current Registered Agent: Bill Gray
3177 n state rd 7, Bay #9
Margate, FL 33063-7006

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

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. *Billy L Gray*

SIGNATURE: *Billy L Gray*

12. OFFICERS AND DIRECTORS

TITLE	Bill Gray	<input type="checkbox"/> DELETE
NAME	President	
STREET ADDRESS	3177 n state rd 7 Bay 9	
CITY-ST-ZIP	Margate FL 33063-7006	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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***150.00

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 or 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: *Billy L Gray*

PRINT NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)