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

Mailing Address
7500 10TH AVE N

ST PETERSBURG FL 33710-4504

PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 12 1997 8:00am

Secretary of State

-GERALD R. SPIRE 4/14/97

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081740 (8)

OUR CLEANERS, INC.

Principal Place of Business

7500 10TH AVE N ST PETERSBURG FL 33710

3a. Date of Last Report 3. Date incorporated or Qualified 09/30/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc Suite. Apt. #. etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032,] Yes XNo Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPIRE, GERALD R 7500 10TH AVE N Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33710 83 City Zip Code 85 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 directors 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. Segret in a typed or printed name of registered agent and the diapplicable. (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96 6 Change THILE DELETE 1.1 TITLE Addition NAME 1.2 NAME CRZE034 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition THE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP CHY- \$1-20 DELETE Change Addition THE 3.1 TITLE 32 NAME MAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-\$1-7IP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 City-ST-ZiP DELETE Change Addition THEF 5 1 TITLE NAMÉ 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE 62 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-2IP OHY-ST-ZiP 14. Fdo 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 eath; 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