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PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083480 (9)

FILED Feb 10 1998 8:00am Secretary of State

	E THO O THOI ESCIOINE	CLEANING, INC.						
Principal Plac	ice of Business	Mailing Address				1 - A DEDITORE THE TOTAL BUILT DEFOR OF THE BROKE OF	(Bild) sailbb liffit findel	iosis obis iodi
13137 COXSWAIN COURT POST OFFICE BOX 7263								
HUDSON FL 34674-7263						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualified		
						10/09/1996		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-3407040		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				1	\$8.7	Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & Sta	ate	City & State				6. Election Campaign Financing		May Be
23		28	1					d to Fees
Zip	Country	Ζφ		intry		8. This corporation owes or has paid to		Intangible No
24	9. Name and Address of Curre	29] ent Registered Agent	30			Personal Property Tax due June 30 10. Name and Address of New Regis		9 1 140
i	ANDFORD, CHERYL			61	Name			
	B137 COXSWAIN COURT					- 10 0 B		
HUDSON FL 34667				82	Street Addres	ss (P.O. Box Number is Not Acceptable)	1	
110	0D30111 L 34007			83				
				84	City		FL 65 Zi	ip Code
11. Pursuant	t to the provisions of Sections 607 05	502 and 607.1508, Florida \$	Statutes, the a	oove-	-named corpo	ration submits this statement for the purp n's board of directors. I hereby accept the	pose of changing	its registered
office or agent. I a	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change gations of, Section 607,050	was authorize 35. Florida Stat	d by utes.	the corporatio	n's board of directors. I hereby accept the	he appointment	as registered
SIGNATURE	•							
Oldivitoric	Signature, typed or printed name of registered a	and and the discussional	(MC) II Dogisters		nt signature required		DATÉ	
				ADOI:	in organizate regiones			
12.		ND DIRECTORS	13.		a digital to to to to to	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT	
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I nereby 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 Informatio 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.

GNATURE:

GNATURE: