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Apr 25 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 # P96000089893 (7) 1. Corporation Name PULICE UNIFORM COMPANY, INC.					
Principal Place of Business 200 N TAMiami TRAIL HAMILTON SQUARE, SUITE G VENICE FL 34285			Mailing Address 200 N TAMiami TRAIL HAMILTON SQUARE, SUITE G VENICE FL 34285-1914		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/30/1996 3a. Date of Last Report N/A 4. FEI Number 65-0694150 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Name and Address of Current Registered Agent PULICE, GEORGIA M 200 N TAMiami TRAIL HAMILTON SQUARE, SUITE G VENICE FL 34285			10. Name and Address of New Registered Agent 81 Name MARY C. Egan 82 Street Address (P.O. Box Number is Not Acceptable) 200 N. Tamiami Trail, Suite G 83 Hamilton Square, Suite G 84 City Venice, FL 85 Zip Code 34285		
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 <i>Mary C. Egan, President</i> Mary C. Egan 4/11/97 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE President (P) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Mary C. Egan 1.3 STREET ADDRESS 200 N. Tamiami Trail, Suite G, 1.4 CITY-ST-ZIP Venice, FL 34285 2.1 TITLE Vice Pres (V) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Georgia M. Pulice 2.3 STREET ADDRESS 200 N. Tamiami Trail, Suite G 2.4 CITY-ST-ZIP Venice, FL 34285 3.1 TITLE M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Frank S. Pulice 3.3 STREET ADDRESS 200 N. Tamiami Trail, Suite G, 3.4 CITY-ST-ZIP Venice, FL 34285 4.1 TITLE T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Richard Egan 4.3 STREET ADDRESS 200 N. Tamiami Trail, Suite G, 4.4 CITY-ST-ZIP Venice, FL 34285 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: <i>Mary C. Egan</i> Mary C. Egan 4/11/97 941-486-8813 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #</small>					

CR2E034 (9/96)