


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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000103155 (3)

1. Corporation Name
WAMSLEY-GRAZT JANITORIAL, INCORPORATED



Principal Place of Business 5996 BRENT PINE DRIVE #3201 ORLANDO FL 32822	Mailing Address 5996 BRENT PINE DRIVE #3201 ORLANDO FL 32822-3336
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2. Principal Place of Business 21 2000 Ludlow Lane Suite, Apt. #, etc. 22 City & State 23 Orlando, Florida Zip 24 32839 Country 25 U.S.A		2a. Mailing Address 26 2000 Ludlow Lane Suite, Apt. #, etc. 27 City & State 28 Orlando, Florida Zip 29 32839 Country 30 U.S.A		3. Date Incorporated or Qualified 12/24/1996	3a. Date of Last Report
		4. FEI Number		Applied For <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent WAMSLEY-GRAAZT, WENDY 5996 BRENT PINE DRIVE #3201 ORLANDO FL 32822			10. Name and Address of New Registered Agent 81 Name Wamsley-Grazt, Wendy 82 Street Address (P.O. Box Number is Not Acceptable) 2000 Ludlow Lane 83 84 City Orlando FL 85 Zip Code 32839		

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					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE	
PD	WAMSLEY-GRAZT, WENDY	5996 BRENT PINE DRIVE	ORLANDO FL 32822		
STD	GRAZT, JAIRO	5996 BRENT PINE DRIVE	ORLANDO FL 32822		
				<input type="checkbox"/> DELETE	
				<input type="checkbox"/> DELETE	
				<input type="checkbox"/> DELETE	
				<input type="checkbox"/> DELETE	
				<input type="checkbox"/> DELETE	
				<input type="checkbox"/> DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		2000 Ludlow Lane	Orlando, Florida 32839		
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		2000 Ludlow Lane	Orlando, Florida 32839		
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Wendy Wamsley-Grazt 4-30-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 6001006

CR2E034 (9/96)