


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

FILED

May 18 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 # P97000032178 (0) 1. Corporation Name AMERICAN COMMERCIAL CLEANING INC.					
Principal Place of Business 1186 LAMPLIGHTER DRIVE, N.W. PALM BAY FL 32907			Mailing Address 1186 LAMPLIGHTER DRIVE, N.W. PALM BAY FL 32907		
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 04/08/1997 4. FEI Number 59-3438848 Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent INFANTE, LUIS G 1186 LAMPLIGHTER DRIVE, N.W. PALM BAY FL 32907			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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. 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 11 TITLE <input type="checkbox"/> DELETE 12 NAME PADILLA, CARLOS J 13 STREET ADDRESS 1186 LAMPLIGHTER DRIVE, N.W. 14 CITY-ST-ZIP PALM BAY FL 32907 21 TITLE <input type="checkbox"/> DELETE 22 NAME CRUZ, JULIA S 23 STREET ADDRESS 1186 LAMPLIGHTER DRIVE, N.W. 24 CITY-ST-ZIP PALM BAY FL 32907 31 TITLE <input type="checkbox"/> DELETE 32 NAME PADILLA, OLGA I 33 STREET ADDRESS 1186 LAMPLIGHTER DRIVE, N.W. 34 CITY-ST-ZIP PALM BAY FL 32907 41 TITLE <input type="checkbox"/> DELETE 42 NAME INFANTE, LUIS G 43 STREET ADDRESS 1186 LAMPLIGHTER DRIVE, N.W. 44 CITY-ST-ZIP PALM BAY FL 32907 51 TITLE <input type="checkbox"/> DELETE 52 NAME INFANTE, MARIA E 53 STREET ADDRESS 1186 LAMPLIGHTER DRIVE, N.W. 54 CITY-ST-ZIP PALM BAY FL 32907 61 TITLE <input type="checkbox"/> DELETE 62 NAME 63 STREET ADDRESS 64 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					
14. I 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: <u>Luis G. Infante</u> LUIS G. INFANTE (T) 4-19-98 (407) 729-1465 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)