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Feb 04 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 # S25570 (0)

1. Corporation Name  
CONNIE'S COMMERCIAL CLEANING, INC.

Principal Place of Business  
151 SUNFLOWER CIRCLE  
ROYAL PALM BEACH FL 33411  
US

Mailing Address  
151 SUNFLOWER CIRCLE  
ROYAL PALM BEACH FL 33411-8006  
US



3. Date Incorporated or Qualified 01/16/1991  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0239543		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

GEROW, JEFFREY S., ESQUIRE  
465 E. PALMETTO PARK ROAD  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name CONNIE MARTIN  
82 Street Address (P.O. Box Number is Not Acceptable)  
151 SUNFLOWER CIRCLE  
83  
84 City ROYAL PALM BEACH FL 85 Zip Code 33411

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 *Connie Martin*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, CONNIE	1.2 NAME	
STREET ADDRESS	151 SUNFLOWER CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH. FL	1.4 CITY-ST-ZIP	
TITLE	O	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATRILL, MICHELLE	2.2 NAME	
STREET ADDRESS	73 SPARROW DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH. FL	2.4 CITY-ST-ZIP	
TITLE	O	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, BRIAN	3.2 NAME	
STREET ADDRESS	12850 N 57 PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Connie Martin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-97

Date

Daytime Phone #

CR2E034 (9/96)