

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -1 10:51

DOCUMENT # **S43267** (1)  
1. Corporation Name  
**GENERAL DIAGNOSTICS, INC.**

Principal Place of Business Mailing Address  
**1200 CLINTMOORE ROAD BOCA RATON FL 33487**  
**1200 CLINTMOORE ROAD STE. 2 BOCA RATON FL 33487 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/03/1991** 3a. Date of Last Report **05/01/1994**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc	Suite, Apt. #, etc	<b>65-0268470</b>	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PERMAN, WILLIAM 1200 CLINTMOORE ROAD BOCA RATON FL 33487		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature) Type or printed name of registered agent and date of signature. (NOTE) Registered Agent signature required when nominating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERMAN, WILLIAM	12 NAME	
STREET ADDRESS	8267 W SUNRISE BLVD	13 STREET ADDRESS	1200 CLINTMOORE RD #2
CITY ST ZIP	PLANTATION FL	14 CITY ST ZIP	BOCA RATON FL 33487
TITLE	VD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPELTON, PHILLIP	22 NAME	
STREET ADDRESS	8267 W SUNRISE BLVD	23 STREET ADDRESS	1200 CLINTMOORE RD #2
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP	BOCA RATON FL 33487
TITLE	STD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, ALAN	32 NAME	
STREET ADDRESS	8267 W SUNRISE BLVD	33 STREET ADDRESS	1200 CLINTMOORE RD #2
CITY ST ZIP	PLANTATION FL	34 CITY ST ZIP	BOCA RATON FL 33487
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 hereof, or on an attachment with an address.

SIGNATURE: William Perman Dr. William Perman 5/10/95 (407) 991-9112  
(Type) (Typed Name)

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**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JUN 1 12:00

**DOCUMENT # S44680 (4)**

1. Corporation Name  
**N C'S QUALITY CLEANING, INC.**

Principal Place of Business: **10502 WILLOWBRAE DRIVE TAMPA FL 33624**  
Mailing Address: **PO BOX 274002 TAMPA FL 33688-0002 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1991**  
3a. Date of Last Report: **08/05/1994**

2. Principal Place of Business: **21 4605 HUNTSMAN CT**  
2a. Mailing Address: **26 PO BOX 274002**

Suite, Apt. #, etc: **22** Suite, Apt. #, etc: **27**

City & State: **23 TAMPA FL** City & State: **28 TAMPA FL**

Zip: **24 33624** Country: **25 HILLSBOROUGH** Zip: **29 33688-0002** Country: **30 HILLSBOROUGH**

4. FEI Number: **59-3051703**  
Applied For:  Applied For  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**LUTGEN, NEDA DELIA MARIA CONTI DE**  
**10502 WILLOWBRAE DRIVE**  
**TAMPA FL 33624**

**10. Name and Address of New Registered Agent**

81 Name: **LUTGEN, NEDA DELIA MARIA CONTI DE**  
82 Street Address (P.O. Box Number is Not Acceptable): **4605 HUNTSMAN CT**  
83  
84 City: **TAMPA** FL 85 Zip Code: **33624**

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

Signature (typed or printed name of registered agent and title if applicable)

(NOT) Registered Agent (signature required when registering)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>LUTGEN, NEDA DELIA MARIA</b>
STREET ADDRESS	<b>13457 GOUVENORS DR</b>
CITY ST ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>LUTGEN, ENRIQUE A</b>
STREET ADDRESS	<b>13457 GOUVENORS DR</b>
CITY ST ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>LUTGEN, ALFREDO</b>
STREET ADDRESS	<b>13457 GOUVENORS DR</b>
CITY ST ZIP	<b>TAMPA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE:

*Neda Delia Maria Conti De Lutgen*  
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

4/18/95 819-960-1991  
Date Expires (Page 4)