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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # \$56678** 

(3)

RU-GENE CLEANERS, INC.

Mailing Address Principal Place of Business 1943 N. FEDERAL HWY. 1943 N. FEDERAL HWY. BOCA RATON FL 33432-1834 **BOCA RATON FL 33432** 3a. Date of Last Report 3. Date Incorporated or Qualified 06/03/1991 12/30/1996 2a. Mailing Address 4, FEI Number Applied For 2. Principal Place of Business 59-3075503 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tex under s. 199.032, Florida Statutes
Yes
You Country Country Zip Yes Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LIEBOVITZ, EUGENE 1337 NW 108TH AVE. Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33071 83 City 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 if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Superdure. Typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 THTLE THUE LIEBOVITZ, EUGENE 1.2 NAME NAME 1337 NW 108TH AVE. 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** 1.4 CITY - ST - ZIP CITY - ST Change Addition DELETE 2.1 TITLE THUE 2.2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - \$1 - 216 Change Addition DELETE 3 1 TITLE TIFLE 3.2 NAME NAM! 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY+S1-7# Addition DELETE Change 4.1 TOLE THLE NSM: 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CiTY-ST-ZIP C [Y-S]-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CITY-ST-ZIE Change Addition DELETE 6.1 TITLE THLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

001Y-\$1-200

Eugent Fubouty,

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.

96 6

CRZE034

FILED

Apr 24 1997 8:00am

Secretary of State