

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S97242 (9)

1. Corporation Name
RITE TOUCH CLEANERS, INC.



Principal Place of Business: 22191 POWERLINE RD, 11 B, BOCA RATON FL 33433, US
Mailing Address: 4800 N FEDERAL HWY, D 102, BOCA RATON FL 33431, US

3. Date Incorporated or Qualified: 12/02/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0301683
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

2. Principal Place of Business: 21
2a. Mailing Address: 26 22191 POWERLINE Rd
Suite, Apt. #, etc.: 22 11B
City & State: 23 BOCA RATON, FL
Zip: 24 33433 Country: 25 US

9. Name and Address of Current Registered Agent: BOWMAN, DAVID S., ONE E. BROWARD BLVD., SUITE 702, FT. LAUDERDALE FL 33301
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when terminating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|--|
| TITLE | P | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AUDET, BERNARD | 1.2 NAME | |
| STREET ADDRESS | 3050 N.E. 48TH CT., #401 | 1.3 STREET ADDRESS | 6815 N.W. 29TH AVE |
| CITY-ST-ZIP | LIGHTHOUSE PNT. FL | 1.4 CITY-ST-ZIP | FORT LAUD. FL 33309 |
| TITLE | VPT | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAMPO, GILBERTE | 2.2 NAME | |
| STREET ADDRESS | 3050 N.E. 48TH CT., #401 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LIGHTHOUSE PNT. FL | 2.4 CITY-ST-ZIP | |
| TITLE | TD | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AUDET, BERNARD | 3.2 NAME | |
| STREET ADDRESS | 3050 N.E. 48 TH COURT #401 | 3.3 STREET ADDRESS | 6815 N.W. 29TH AVE |
| CITY-ST-ZIP | LIGHTHOUSE PNT. FL | 3.4 CITY-ST-ZIP | FORT LAUD. FL 33309 |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes, and that my name appears in Block 1 or Block 2, or on an attachment with an address.

SIGNATURE: BERNARD J. AUDET 7/18/96 (407) 338-7843

CR2E034 (3/96)