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May 05 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 # V23300 (9)

1. Corporation Name
SUNSHINE CLEANERS OF ORLANDO, INC.

Principal Place of Business
2435 MICHIGAN STREET
ORLANDO FL 32806

Mailing Address
2435 MICHIGAN STREET
ORLANDO FL 32806-5037



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/24/1992		3a. Date of Last Report 03/22/1996	
21. 405 B ENTERPRISE ST.		26. 405 B ENTERPRISE ST.		4. FEI Number 59-3116479		Applied For Not Applicable	
22. Suite Apt. #, etc.		27. Suite Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. 06000, FL		28. 06000, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. 34761		25. U.S.A.		29. 34761		30. U.S.A.	
26. 34761		27. U.S.A.		29. 34761		30. U.S.A.	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BURKE, DONALD 2435 MICHIGAN STREET ORLANDO FL 32806				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	BURKE, JASMINE	1.2 NAME	
STREET ADDRESS	2345 MICHIGAN STREET	1.3 STREET ADDRESS	405B ENTERPRISE ST.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	06000, FL 34761
TITLE	T	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	BURKE, DONALD	2.2 NAME	
STREET ADDRESS	2345 MICHIGAN STREET	2.3 STREET ADDRESS	405B ENTERPRISE ST.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	06000, FL 34761
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: S. H. BURKE / PRES. 04/28/97 407-654-4350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)