

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

FILED Pg 1
 98 DEC 31 AM 8:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V68800
 1. Corporation Name
FIRST CLASS CLEANERS, INC.

Principal Place of Business Mailing Address
223 N. ORANGE BLOSSOM TR. **SAME**
ORLANDO, FL. 32805

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
10/5/1992

2. Principal Place of Business 21 223 N. ORANGE BLOSSOM TR.	2a. Mailing Address 26 223 N. ORANGE BLOSSOM TR.	4. FEI Number 59-3146791	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 City & State ORLANDO FL.	28 City & State ORLANDO, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 32805	25 Country USA	29 Zip 32805	30 Country USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

GARY E CAPUANO
1573 S. CROSSBEAM DR.
CASSELBERRY, FL. 32907

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	600002743

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 certify that the appointment of the registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUANO, GARY E.	12 NAME	
STREET ADDRESS	1573 CROSSBEAM DR.	13 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY, FL. 32805	14 CITY-ST-ZIP	
TITLE	DVP S. <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO MICHAEL	22 NAME	
STREET ADDRESS	11716 HARBOORSIDE CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL. 34643	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: [Signature] DATE: 12/24/98 PHONE: 407/481-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

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December 23, 1998

Mr. Andy Dunlap
Florida Dept. of State
Reinstatement Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Dunlap

Pursuant to our conversation today I am writing this letter for the purpose of requesting that the state waive the \$750.00 reinstatement fee for our corporate renewal.

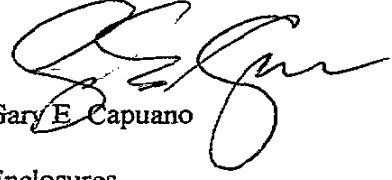
As I stated in our conversation, I learned today, through an employee who was registering for sales tax, the Articles of our corporation had become inactive. After researching I discovered we did not receive our 1998 Corporation Annual Renewal Form, due to the state not having our current address on file.

As you can see by the copies attached of our change of address notifications we've been conscientious about trying to keep you informed. Also the history of our account will demonstrate a perfect track record.

Unfortunately for reasons out of our control this information did not get updated in your records.

I'm humbly requesting your consideration in this matter as the \$750.00 reinstatement fee is tremendous for a small company of our size.

Very Truly Yours,


Gary E. Capuano

Enclosures

GC/smj