


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

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

99 JAN 19 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V68800  
 1. Corporation Name  
FIRST CLASS CLEANERS, INC.

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

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
10/5/92

2. Principal Place of Business	2a. Mailing Address
21 <u>223 N. ORANGE BLOSSOM TR</u>	26 <u>223 N. ORANGE BLOSSOM TR</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <u>ORLANDO FL 32805</u>	28 <u>ORLANDO FL</u>
Zip	Zip
24 <u>32805</u>	29 <u>32805</u>
Country	Country
25 <u>USA</u>	30 <u>USA</u>

4. FEI Number	Applied For
<u>59-3146791</u>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
GARY E. CAPUANO  
1573 S. CROSSBEAM DR.  
CASSELBERRY, FL. 32707

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
4000 DEERFIELD  
 83 01/26/99 01065 016  
\*\*\*\*150.00 \*\*\*\*150.00  
 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

TITLE	<u>D.P.T.</u> <input type="checkbox"/> DELETE
NAME	<u>CAPUANO, GARY E.</u>
STREET ADDRESS	<u>1573 CROSSBEAM DR</u>
CITY-ST-ZIP	<u>CASSELBERRY FL 32707</u>
TITLE	<u>DVP'S</u> <input type="checkbox"/> DELETE
NAME	<u>SHAPIRO, MICHAEL</u>
STREET ADDRESS	<u>11716 HARBORSIDE CIRCLE</u>
CITY-ST-ZIP	<u>LARGO, FL. 34643</u>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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	<u>B. 1/20/99 99AR</u>
6.4 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)(l), 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, with all other like empowered.

SIGNATURE: GARY E. CAPUANO 1/12/99 407 481-2000

CR2E034 (11/98)