

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000067224 (3)**

1. Corporation Name  
**R CLEANING SERVICE OF INDIAN RIVER, INC.**



Principal Place of Business  
**879 MULBERRY STREET SEBASTIAN FL 32958**

Mailing Address  
**PO BOX 295 ROSELAND FL 32957 US**

2. Principal Place of Business  
 21 \_\_\_\_\_  
 Suite, Apt. #, etc.  
 22 \_\_\_\_\_  
 City & State  
 23 \_\_\_\_\_  
 Zip Country  
 24 \_\_\_\_\_ 25 \_\_\_\_\_

2a. Mailing Address  
 26 \_\_\_\_\_  
 Suite, Apt. #, etc.  
 27 \_\_\_\_\_  
 City & State  
 28 \_\_\_\_\_  
 Zip Country  
 29 \_\_\_\_\_ 30 \_\_\_\_\_

3. Date Incorporated or Qualified **09/13/1994** 3a. Date of Last Report **05/01/1995**

4. FEI Number **65-0529383** Applied For Not Applicable

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

9. Name and Address of Current Registered Agent  
**COX, CYNTHIA L ESQ  
 1432 21ST STREET  
 SUITE A  
 VERO BEACH FL 32960**

10. Name and Address of New Registered Agent  
 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 607.01(2) 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 607.01(2), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DPTS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROGALSKI, EDWARD W</b>	
STREET ADDRESS	<b>879 MULBERRY STREET</b>	
CITY, ST, ZIP	<b>SEBASTIAN FL</b>	
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

TITLE	<b>DPTS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rogalski, Sherry S</b>	
STREET ADDRESS	<b>879 Mulberry St.</b>	
CITY, ST, ZIP	<b>Sebastian, Fl. 32958</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>MV</b>	
NAME	<b>James Way</b>	
STREET ADDRESS	<b>6285 45th St.</b>	
CITY, ST, ZIP	<b>Vero Beach, Fl. 32967</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or an attachment with an address.

SIGNATURE: *Sherry S Rogalski* **SHERRY S ROGALSKI** **APR 1 1996** (407) 388-5273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)