

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	DPTS	<input checked="" type="checkbox"/> DELETE
NAME	ROGALSKI, EDWARD W	
STREET ADDRESS	879 MULBERRY STREET	
CITY, ST, ZIP	SEBASTIAN FL	
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	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogalski, Sherry S	
STREET ADDRESS	879 Mulberry St.	
CITY, ST, ZIP	Sebastian, Fl. 32958	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	MV	
NAME	James Way	
STREET ADDRESS	6285 45th St.	
CITY, ST, ZIP	Vero Beach, Fl. 32967	<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)