

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000080489 (4)

1. Corporation Name
A POOR MAN'S PRESSURE CLEANING, INC.



Principal Place of Business
1387 FOREST LAWN CT. TARPON SPRINGS FL 34689

Mailing Address
1387 FOREST LAWN CT. TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified 10/09/1995	3a. Date of Last Report N/A
4. FEI Number 59-9363765	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent
RUBAI, JAWDET I
1345 S. MISSOURI AVE.
SUITE 215
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____ DATE _____
(Signature of Registered Agent or Director) (Date Registered Agent or Director Accepted Appointment)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TOMASETTI, CAROL A	
STREET ADDRESS	1387 FOREST LAWN CT.	
CITY - ST - ZIP	TARPON SPRINGS FL 34689	
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

<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE
62. NAME
63. STREET ADDRESS
64. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol A. Tomasetti* **6/8/96** **813/938-9931**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name #)

CR2E034 (3/96)