688795

1993 Annual Report

Filed on 4-27-93

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2 pgs.

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CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L92793

APPROVED
SEC. OF STATE
TALLAHASSEE, FLA.
FILED

DOCUMENT # 688795 (4)

1. Name and Mailing Address of Corporation:

VENETIAN CLEANERS, INC.
C/O ROBERT C. OBENDORF
439 TAMIAMI TRL S
VENICE FL 34285-2626

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
	MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified: 10/01/1990
3a. Date of Last Report: 04/08/1992
4. FEI Number: 592025147 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ $8.75
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Mailing Address
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Principle Place of Business
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

OBENDORF, ROBERT C.
1560 EWING ST.
NOKOMIS FL 24275

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 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____
(Registered Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	V/D	1.1 TITLE	
1.2 NAME	OBENDORF, CHERYL L	1.2 NAME	
1.3 ADDRESS	1560 EWING STREET	1.3 ADDRESS	
1.4 CITY-ST-ZIP	NOKOMIS, FL 00000	1.4 CITY-ST-ZIP	
2.1 TITLE	P/D	2.1 TITLE	
2.2 NAME	OBENDORF, ROBERT C	2.2 NAME	
2.3 ADDRESS	1560 EWING STREET	2.3 ADDRESS	
2.4 CITY-ST-ZIP	NOKOMIS, FL 00000	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 ADDRESS		3.3 ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13, above, or on an attachment with an address.

SIGNATURE Robert Obendorf DATE 4-16-93

Print/Type Name of Signing Officer or Director: ROBERT OBENDORF
Title(s): Pres
Daytime Telephone Number: (813) 484-3593

DOS2034 (11/92)