

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 # **G54991** (6)

1. Corporation Name
EAST BAY DRY CLEANERS, INC.



Principal Place of Business: **C/O MICHAEL C. SHAPIRO, 3665 EAST BAY DR. #236, LARGO FL 34641**
Mailing Address: **C/O MICHAEL C. SHAPIRO, 3665 EAST BAY DR. #236, LARGO FL 34641**

3. Date Incorporated or Outfitted: **08/16/1983** 3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-2312583** 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
10. Name and Address of New Registered Agent

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

9. Name and Address of Current Registered Agent

**SHAPIRO, MICHAEL C.
3665 EAST BAY DR., #236
LARGO, FL.
LARGO FL 34641**

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 607.0502 and 607.1505, 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
1. **PSTV SHAPIRO, MICHAEL C. 11716 HARBORSIDE CIR. LARGO FL** DELETE
2. DELETE
3. DELETE
4. DELETE
5. DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
2. TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
3. TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
4. TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
5. TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
6. TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
 Change Addition

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 on an attachment with an affidavit.

SIGNATURE: *Michael Shapiro* 3/13/96 813-319-0522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (12/95)