

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K41678 (9)**

1. Corporation Name  
**FINEST DRY CLEANING AND LAUNDRY, INC.**



Principal Place of Business: **421 BEARDED OAK CIRCLE P.O. BOX 2646 SARASOTA FL 34232**  
Mailing Address: **421 BEARDED OAK CIRCLE P.O. BOX 2646 SARASOTA FL 34232**

3. Date Incorporated or Qualified: **10/27/1988**  
3a. Date of Last Report: **01/30/1995**  
4. FEI Number: **65-0085722**  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CASELLA, JOHN  
609 S. TAMiami TRAIL  
VENICE FL 34285**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.1 TITLE: **D**  DELETE  
NAME: **HECHT, RHONA**  
STREET ADDRESS: **421 BEARDED OAK CIR**  
CITY-ST-ZIP: **SARASOTA FL**  
12.2 TITLE: **D**  DELETE  
NAME: **HECHT, LEONARD**  
STREET ADDRESS: **421 BEARDED OAK CIR**  
CITY-ST-ZIP: **SARASOTA FL**  
12.3 TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
12.4 TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
12.5 TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13.1 1.1 TITLE:  Change  Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY-ST-ZIP:  
2.1 TITLE:  Change  Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-ST-ZIP:  
3.1 TITLE:  Change  Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-ST-ZIP:  
4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:  
5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:  
6.1 TITLE:  Change  Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 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 on an attachment with an address.

SIGNATURE: *Rhona Hecht (Rhona Hecht)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/12/96*  
Date  
*941-377-2727*  
Daytime Phone #

CR2E034 (12/95)