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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 405812

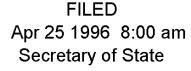
(9)

CRAFT CLEANERS AND LAUNDRY, INC.

Principal Place of Business 12711 BISCAYNE BLVD.

Mailing Address

12711 BISCAYNE BLVD. MIAMI FL 33181



MIAMI FL 3310	81	MIAMI FL 33181	MIAMI FL 33181						
					3. Date Incorporated or Qualified 07/27/1972	06/14/1995			
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26				59-1576812			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
City & State:		City & State				6. Election Campaign Financing		\$5 N	0 May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Co	cuntry		8. This corporation has liability for	intangible tax		
24	25	29	30	•			∐ No		1
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered A	ent	
				81 Na	me				
SCHOLTENS, JOHN G						ss (P.O. Box Number is Not Acceptab	Jo)		
12711 BISCAYNE BLVD.				82 Str	eet Addres	ss (P.O. Box Number is Not Acceptab	110)		
MIAMI FL 33181				83					
MIAMI FL	. 33101							, .	
				84 Cit	y		FL	85 Zi	o Code
or registered	the provisions of Sections 607.0502 d agent, or both, in the State of Floric , and accept the obligations of, Secti	ta. Such change was authorize	s, the at d by the	oove-name e corporatio	d corporat in's board	tion submits this statement for the pur of directors. I hereby accept the app	pose of chan pintment as re	ging its r gistered	egistered office agent. I am
SIGNATURE:	Ignature, typed or printed name of registered agent	and title if applicable (NOT	E: Register	rad Agent signa	ture required v	when renstating):	DATE		
12.	OFFICERS AND	DIRECTORS	13	B		ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTO	DRS IN 12
THILE	PD	DELETE	1.1	1 TITLE				Change	☐ Addition
NAME	SCHOLTENS, JOHN G, II		12	NAME					
STREET ADDRESS	12711 BISCAYNE BLVD		1.3	STREET ADDRE	ESS				
CITY-ST-ZIP	MIAMI, FL 00000		14	CITY-ST-ZIP	ļ				
TITLE	ST	☐ DELETE	2	1 TITLE				Change	☐ Addition
NAMÉ	SCHOLTENS, JOHN G		2.2	NAME					
STREET ADDRESS	12711 BISCAYNE BLVD.		23	STREET ADDR	ESS				j
C/TY-ST-Z/P	MIAMI FL		2.4	CITY-ST-ZIP					
TITLE	110.,111,1.12	DELETE	3	1 TITLE				Change	☐ Addition
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREET ADDR	ESS				
CITY-ST-7IP			3 4	CITY-ST-ZIP					
TITLE		☐ DELFTE	4.	1 TITLE				Change	☐ Addition
NAME			4.2	NAME					İ
STREET ADDRESS			4.3	STREET ADDR	ess				
CITY-ST-ZIP			4	CITY-ST-ZIP					
THILE		☐ DELETÉ		1 TITLE				Change	☐ Addition
NAME			5.2	NAME					
STREET ADDRESS			53	STREET ADOR	ESS				
CITY-ST-ZIP			5.4	CITY - ST - ZIP					
TITLE		DELETE	_	1 TITLE				Change	Addition
NAME				NAME	1				
STREET ADDRESS				STREET ADDR	ESS				
CITY-ST-Z:P			ı	CITY-ST-ZIP					
14. I do hereby	certify that the information supplied	with this filing is voluntarily furnis	shed an	does not	qualify for	r the exemption stated in Section 119	.07(3)(k), Flori	da Statu	tes. I further

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 trusted embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if the page of, or on an analysis of the corporation of the receiver of the corporation of the receiver o

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2096 87-1820 Date Daytine Proce