

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 405812 (9)

1. Corporation Name  
CRAFT CLEANERS AND LAUNDRY, INC.

Principal Place of Business 12711 BISCAYNE BLVD. MIAMI FL 33181	Mailing Address 12711 BISCAYNE BLVD. MIAMI FL 33181
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1952 N. MAIN STREET Suite, Apt. #, etc. 22 City & State 23 GAINESVILLE, FL Zip 24 32609		2a. Mailing Address 26 1952 N. MAIN STREET Suite, Apt. #, etc. 27 City & State 28 GAINESVILLE, FL Zip 29 32609		3. Date Incorporated or Qualified 07/27/1972	
				4. FEI Number 59-1576812	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHOLTENS, JOHN G 12711 BISCAYNE BLVD. MIAMI FL 33181		10. Name and Address of New Registered Agent 81 Name JOHN G. SCHOLTENS 82 Street Address (P.O. Box Number is Not Acceptable) 1952 N. MAIN STREET 83 84 City GAINESVILLE FL 85 Zip Code 32609	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOLTENS, JOHN G. II 12711 BISCAYNE BLVD MIAMI, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD ADDRESS SCHOLTENS, JOHN G. II 1952 N. MAIN STREET GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHOLTENS, JOHN G 12711 BISCAYNE BLVD. MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V.P., T SCHOLTENS, JOHN G. 1952 N. MAIN STREET GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUPUIS, JOY 715 W 50TH ST HALEAH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John G. Scholtens, V.P., T 2/1/98 904-767-6072

CR2E034 (10/97)