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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

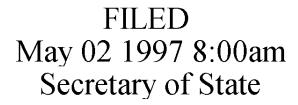
DOCUMENT # 473637

(7)

FLOYD CLEANERS, INC.

Principal Place of Business

Mailing Address





4865 N.W. 17TH MIAMI FL 33142	H AVE 2-4136	4885 N.W. 17TH AVE MIAMI FL 33142-4136								
						3. Date Incorporated or Qualified 04/04/1975	3a, Date of I	of Last Report 0/1996		
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	<u> </u>	Apı	plied For	
21		26	26			59-1569922 Not Applicable			Applicable	
Sulte, Apt.	#, etc.	Suite. Apt. #, etc.	Suite. Apt. #, etc.			5. Certificate of Status Desired	□ \$8	. 75 A	dditional	
22		27	27			5. Certificate of Status Desired	F	ee Re	quired	
City & State	е	City & State				6. Election Campaign Financing	\$!	5.00	Мау Ве	
23		28				Trust Fund Contribution Added to Fees				
^{Zip}	Country	Zτρ	-	Country		8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 30 30 30 30 30 30 30 3			1	Florida Statutes Yes No					
0.11		Current Hegistered Agent		81 Nan	10	10. Name and Address of New Ne	gistered Agent			
	AMON, LORETTA			1,40						
	5 NW 17 AVE MI FL 33142		82 Street Addre			ess (P.O. Box Number is Not Acceptab	le)			
				83						
				84 City			FL 85	Zip C	Sode	
office or r	registered agent, or both, in t	607.0502 and 607.1508, Florida Statu he State of Florida. Such change was he obligations of, Section 607.0505, F	authorize	d by the c	od corp orporat	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of chan	ging its ent as	s registered registered	
SIGNATURE						· · · · · · · · · · · · · · · · · · ·				
	Signature, typed or printed name of reg	gistered againt and title if applicable (NC ERS AND DIRECTORS		· · · · · · · · · · · · · · · · · · ·	lure requir	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	COTOR	C IN 12	
12.	PD	DELETE	13. DELETE 1.1 TIT		- T	ADDITIONS/CHANGES TO OFFIC		hange	Addition	
NAME	SALAMON, MICHAEL		1.2 N							
STREET ADDRESS	TARE ON THE OTHER		TREET ADDRES							
CITY-ST-ZIP	LAIADA CI			174-ST-ZIP						
TITLE	D DELETE 21T						∐ C	hange	Addition	
NAME	SALAMON, LORETTA 222		AME							
STREET ADDRESS	7045 SW 125 STREET		2,3 \$	2,3 STREET ADDRESS						
CITY-ST-ZIP	ANADA PI			CITY - ST - ZIP						
TITLE	DELETE 311			IîLE	1		□ c	hange	Addition	
NAME	3.2		3.2 NAME							
STREET ADDRESS			3 3 S	TREET ADDRES	s					
CITY-ST-ZIP	_		3.4. (CITY-ST-ZIP		:				
TITLE	DELETE 4.1			TLE			[] C	hange	☐ Addition	
NAME			4, 21	NAME.						
STREET ADDRESS			4.3 S	TREET ADDRES	ss					
CITY-ST-2#P				ATY-S1-ZIP						
TITLE	DELETE 511						hange	L Addition		
NAME			52 N							
STREET ADDRESS				TREET ADDRES	SS					
CITY-ST-ZIP		DELETE	-	ITY - ST - ZIP				hange	Addition	
TITLE		DELETE	61 T				<u></u>	nange	L Addition	
NAME			62 N							
STREET ADDRESS	1			TREET ADDRES	SS					
CITY-ST-ZIP			640	ITY-ST-ZIP						

14. I do 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 logal effect as if made under eath; 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.

MICHALL Salamon. Michael Salamon

CHARDANER