

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

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Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **473637** (7)

1. Corporation Name  
**FLOYD CLEANERS, INC.**

Principal Place of Business	Mailing Address
4865 N.W. 17TH AVE MIAMI FL 33142-4136	4865 N.W. 17TH AVE MIAMI FL 33142-4136



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/04/1975**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1569922	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No
	30		

9. Name and Address of Current Registered Agent

**SALAMON, LORETTA**  
4865 NW 17 AVE  
MIAMI FL 33142

10. Name and Address of New Registered Agent

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 607.1508, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SALAMON, MICHAEL	1.2 NAME	SALAMON, MICHAEL
STREET ADDRESS	7045 SW 125 STREET	1.3 STREET ADDRESS	7045 S.W. 125 ST.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI-PINECREST, FL 33156-6241
TITLE	D	2.1 TITLE	ST
NAME	SALAMON, LORETTA	2.2 NAME	LORETTA SALAMON
STREET ADDRESS	7045 SW 125 STREET	2.3 STREET ADDRESS	7045 S.W. 125 ST.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI PINECREST, FL 33156-6241
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Loretta Salamon* LORETTA SALAMON 1/26/98 (305) 633-7350

CR2E034 (10/97)