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Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90121 016 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 473637

1. Corporation Name

FLOYD CLEANERS, INC.

Principal Place of Business

4865 N.W. 17TH AVE  
MIAMI FL 33142-4136

Mailing Address

4865 N.W. 17TH AVE  
MIAMI FL 33142-4136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1975

4. FEI Number

59-1569922

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7045 SW 125TH STREET

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33156

Country

25 US

2a. Mailing Address

26 7045 SW 125TH STREET

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33156

Country

30 US

9. Name and Address of Current Registered Agent

SALAMON, LORETTA  
4865 NW 17 AVE  
MIAMI FL 33142

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7045 SW 125TH STREET

83

84 City

MIAMI

FL

85 Zip Code

33156

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME SALAMON, MICHAEL  
STREET ADDRESS 7045 SW 125 STREET  
CITY-ST-ZIP MIAMI-PINECREST FL 33156

TITLE ST ☐ DELETE

NAME SALAMON, LORETTA  
STREET ADDRESS 7045 SW 125 STREET  
CITY-ST-ZIP MIAMI-PINECREST FL 33156

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE KEVIN SALAMON - VP ☐ Change ☒ Addition

1.2 NAME 7045 S.W. 125 ST.

1.3 STREET ADDRESS MIAMI-PINECREST, FL 33156

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with a power like empowered.

SIGNATURE

LORETTA SALAMON 4/19/99 305-233-5778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)