FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
Amended **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 19 PM 1:39

DOCUMENT # 507223

1. Corporation Name

Patti Jay Cleaners, Inc.

40000154528 4
-07/25/95--01058--018
*****61.25 *****61.25

Principal Office Address
2206 Hollywood Blvd.
Hollywood, FL 33020

Mailing Address
2206 Hollywood Blvd.
Hollywood, FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/78
3a. Date of Last Report: 6/12/95
4. FEI Number: 59-2334199 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Ross Manella, Esq.
Manella, Klapholz & Hochsztein, P.A.
2206 Hollywood Blvd.
Hollywood, FL 33020

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 ______ (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	1 1 TITLE	P/D	☒ Change ☐ Addition
NAME	Al Szikman	1 2 NAME	Robert Szikman	
STREET ADDRESS	2206 Hollywood Blvd.	1 3 STREET ADDRESS	2206 Hollywood Blvd.	
CITY-ST-ZIP	Hollywood, FL 33020	1 4 CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		2 1 TITLE		☐ Change ☐ Addition
NAME		2 2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY-ST-ZIP		
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3 4 CITY-ST-ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP		4 4 CITY-ST-ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 CITY-ST-ZIP		

RC

14. I 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 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: [signature] Robert Szikman 6/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 24 AM 10:33

DOCUMENT # 509380

1. Corporation Name
CARLOS H. CASTELLON, MD, P.A

Principal Place of Business	Mailing Address
RT 13 BOX 372 LAKE CITY FL 32055-9090	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business 21	2a. Mailing Address 26
4. FEI Number 59-2719365	☐ Applied For ☐ Not Applicable
Suite Apt #, etc 22	Suite Apt # etc 27
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARLOS H. CASTELLON, MD RT 13 BOX 372 LAKE CITY - FL 32055-9090	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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: CARLOS H. CASTELLON, MD — C. Castellon MD — 6-25-95
Signature, type or print name of registered agent and title if applicable — NOTE: Registered agent signature required for filing — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	CARLOS H. CASTELLON, MD	12 NAME	
STREET ADDRESS	RT 13 BOX 372	13 STREET ADDRESS	
CITY ST ZIP	LAKE CITY FL 32055	14 CITY ST ZIP	
TITLE	SECRETARY	21 TITLE	900001 [illegible]
NAME	MIRIAM A. CASTELLON, MD	22 NAME	-07/25/95--01123--015
STREET ADDRESS	RT 13 BOX 372	23 STREET ADDRESS	****225.00 ****225.00
CITY ST ZIP	LAKE CITY FL 32055	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: C. Castellon MD — 6-25-95 — 904-752-4199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CARLOS H CASTELLON, MD