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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 538180 (1)

1. Corporation Name
DRYCLEAN U.S.A. FRANCHISE COMPANY

Principal Place of Business
1875 W COMMERCIAL BLVD
STE 140
FT LAUDERDALE FL 33309
US

Mailing Address
1875 W COMMERCIAL BLVD
STE 140
FT LAUDERDALE FL 33309-3087
US



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified 06/28/1977	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1774337	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	CD	1.1 TITLE	T
NAME	BARRY, JAMES P	1.2 NAME	Vadovsky, Paul J.
STREET ADDRESS	1875 W COMMERCIAL BLVD., STE 140	1.3 STREET ADDRESS	1875 W. Commercial Blvd., Suite 140
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FL. Lauderdale, FL 33309
TITLE	PD	2.1 TITLE	S
NAME	RODRIGUEZ, EDDIE J	2.2 NAME	BRUCE E. Cavitt
STREET ADDRESS	1875 W COMMERCIAL BLVD., STE 140	2.3 STREET ADDRESS	1875 W. Commercial Blvd., Suite 140
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	FL. Lauderdale, FL 33309
TITLE	ST	3.1 TITLE	P/D
NAME	SILVER, NOAH	3.2 NAME	SILVER, Noah
STREET ADDRESS	1875 W COMMERCIAL BLVD., STE 140	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	JORGE SALVAT	4.2 NAME	
STREET ADDRESS	1875 W COMMERCIAL BLVD., STE 140	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	
NAME	GREER, TERENCE M	5.2 NAME	
STREET ADDRESS	1875 W COMMERCIAL BLVD., STE 140	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 954-493-6704
Date Daytime Phone #

CR2E034 (9/96)