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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # 593186

(0)

1. Corporation Name

CONTRACT'S CLEANERS. INC.

Frincipal Place of Business Mailing Address 7630 PETERS ROAD 7630 PETERS ROAD STORE NO. 11 HOME SHOPPING CENTER STORE NO. 11 HOME PLANTATION FL 33324 PLANTATION FL 33324					Bali Bigar Brigar deder deder dense dense progre kope
PLANIATION PL 33324		PENHANCH IL WALL		3. Date Incorporated or Qualified 11/14/1978	3s. Date of Last Report 03/09/1995
2. Principa' Pla	ace of Business	2a. Mailing Address		4. FEI Number 59-1863078	Applied For
Suite, Apt. #	H oto	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
adite, Apr. 1	", etc.	27		5. Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
3	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for it	AUGU IO Pees
- Zip ₁	Country 25	29	30	Florida Statutes Program	
1	9. Name and Address of Curre			10. Name and Address of New R	egistered Agent
			81 Name		
	ACT, CYNTHIA		82 Street Add	tress (P.O. Box Number is Not Acceptab	le)
-	ETERS ROAD		83		
91ANIA 33324	ATION, FL				
993Z4			84 City		FL 85 Zip Code
or register familiar wi	th, and accept the obligations of, Sec	3.301. 001.15050, 7.30.000			
familiar wi SIGNATURE	Signature, typind or printed name of registered agr	int and title if approable (N	OTE: Registured Agent signature require		DATE
familiär wi SIGNATURE	Signature, typed or printen name of negistered agr OFFICERS AI	int and title if applicable (N ND DIRECTORS	OTE: Registured Agent signature require	ed when renstating) ADDITIONS/CHANGES TO OFF	
familiar wi SIGNATURE 12.	Signature, lygard or printen name of registered agr OFFICERS AI	int and title if approable (N	OTE: Registured Agent signature require		ICERS AND DIRECTORS IN 12
familiar wi SIGNATURE 2. III.E AME	Styledure, typed or printed name of registered age OFFICERS AI PD CONTRACT, CYNTHIA 7630 PETERS ROAD	int and title if applicable (N ND DIRECTORS	OTE: Registured Agent signature require 13. 1.1 TITLE		ICERS AND DIRECTORS IN 12
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR CONTINCT 2/18/96 954 475 1718

R2E034 (12/95