

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

FL/1503/

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F31281

1. Corporation Name
DRYCLEAN WORLD, INC.

Principal Place of Business DRYCLEAN WORLD 1066 MONTGOMERY RD. 727 CRICKLEWOOD ALTAMONTE SPRINGS FL 32714 Heathrow 46 3895 Lake Emma Rd Lake Mary FL 32746		Mailing Address Terrace DRYCLEAN WORLD 1066 MONTGOMERY RD 727 cricklewood Terrace ALTAMONTE SPRINGS FL 32714 Heathrow FL 32746	
2. Principal Place of Business 21 3895 Lake Emma Rd Lake Mary FL 32746		2a. Mailing Address 26 727 cricklewood Terrace Heathrow FL 32746	
Suite, Apt. #, etc. 22 3895 Lake Emma Rd		Suite, Apt. #, etc. 27 727 cricklewood Terrace	
City & State 23 Lake Mary FL		City & State 28 Heathrow FL	
Zip 24 32746		Zip 29 32746	
Country 25		Country 30	
9. Name and Address of Current Registered Agent TALIB, PARIN 217 SPRINGSIDE DR. 727 CRICKLEWOOD TERRACE LONGWOOD FL 32779 Heathrow FL 32746			
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 NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.			

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90016 033 ***150.00



CR2E034 (11/98)

SIGNATURE: *Parin Talib*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 407-333-8070

Date

Daytime Phone #