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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(3)

THRIFT HOUSE CLEANERS, INC.						
						<u> </u>
Principal Plac	e of Business	Mailing Address		-{	4 1 1 1 1 1 1 1 1 1	
2127 EDGEWOOD DRIVE LAKELAND FL 33803		2127 EDGEWOOD DRIVE LAKELAND FL 33803				
					3. Date Incorporated or Qualified	3a. Date of Last Report
9 Principal C	Disco of Pusiones	Do Malla Add		05/07/1981	05/01/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Sulte, Apt.	# etc	Suite, Apt. #, etc.		59-2120431	Not Applicable	
22	.,	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le	City & State		6. Election Campaign Financing	<u>-</u>	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	/	8. This corporation has liability for it	
24	25	29	30		Florida Statutes	Yes 🗌 No
·-··	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	Jistered Agent
	rgel, ray, sr.		81	Name		
1417 ORANGEWOOD CIRCLE			82	Street Add	ress (P.O. Box Number is Not Acceptable	le)
LAK	ELAND FL 33803					
			83			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statut	es, the above	e-named cord	poration submits this statement for the pr	urnose of changing its registered
office or r	registered agent, or both, in the State of	Florida, Such change was a	authorized by	the corporat	poration submits this statement for the pition's board of directors. I hereby accep	t the appointment as registered
	in ranimal with, and accept the obligat	ons or, accrion dov.coob, Fr	unda sialule:	٥,		
SIGNATURE	Signature, typed or printed name of registered agent	and till if applicable (NO)	t : Registered Age	ont signature requir	red when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	DVT	☐ DELETE		1		☐ Change ☐ Addition
NAME	MARGEL, GLORIA C		1.2 NAME			
STREET ADDRESS	1417 ORANGEWOOD CIRCLE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000		1.4 CITY - S	T-ZIP		
TITLE	DP DELETE		2.1 7015			Change
NAME	MARGEL, RAY SR		2.2 NAME			
STREET ADDRESS	1417 ORANGEWOOD CIRCLE LAKELAND, FL 00000		2.3 STREET	l		·
CITY-ST-ZIP TITLE	V DELETE			2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	MARGEL, JR. R		3.1 HILE 3.2 NAME			□ ∩ range 1 → Audition
STREET ADORESS	3008 WILLOW AVENUE		3.3 STREET	ADORESS		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-5			
TITLE	M	DELETE	4.1 TO LE	7, 21		Change Addition
NAME	MARGEL, MERRILEE		4. 2 NAME			<u> </u>
STREET ADDRESS	1417 ORANGEWOOD DRIVE		4.3 STREET	ADDRESS		
CITY-ST-ZIP	LAKELAND FL		4.4 CITY - S	T-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T - ZIP		
TITLE		☐ DELETE	61 TITLE			☐ Change ☐ Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6 4 CITY - S	T - ZIP		

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 altachment with an address.

FILED

Apr 25 1997 8:00am

Secretary of State