SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998, AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(9)

MAYFAIR DRAPERY CLEANERS, INC.

FILED Sep 23 1998 8:00am Secretary of State

Deineinet Blac	on of Duning	Partition Addition			
Principal Place of Business		Mailing Address			
% JOSEPH LOBRUTTO 1902 LAKE WORTH ROAD		% JOSEPH LOBRUTTO 1902 LAKE WORTH ROAD LAKE WORTH FL 33461-4228			
LAKE WORTH FL 33461-4228				DO NOT WRIT	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified	
		,		07/12/1983	
2. Principal F	Place of Business 12 Lake Worth Rd	2a. Mailing Address	o	4. FEI Number	Applied For
Suite, Apt		Suite, Apt. #, etc.		59-2319531	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	Keworth FL.	City & State.	2	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 334	61 Country P. B.	Zip 29	Country 30	This corporation owes or has personal Properly Tax due Jun	<u>_</u>
1	9. Name and Address of Current		1001	10. Name and Address of New R	
LOB	BRUTTO, JOSEPH		81 Name		
	2 LAKE WORTH ROAD		82 Street	Address (P.O. Box Number is Not Acceptate	nta)
	E WORTH FL		UI Suden	Thorse (1.0. box Hombo) is Not Not place	
			83		
Ì			84 City		FL 85 Zip Code
11 Durayan	to the provisions of earliest 607 0503	and CO7 4500 Florida Ctatuta	a the above messel	on and in out with this about and for the new	
office or	registered agent, or both, in the State of	of Florida. Such change was a	es, the above-named outhorized by the corp	corporation submits this statement for the pur poration's board of directors. I hereby accept	the appointment as registered
l agent l	am familiar with, and accept the obligat	liops M. section 607.0505, Fk	orida Statutes.		
					0 0 9
SIGNATURE	Cal	(O			9-9-95 DATE
		and little if applicable (NC		ure required when reinstating) ADDITIONS/CHANGES TO OFF	9-9-47 DATE
SIGNATURE	Signature, typod or printed name of registered agent a	and little if applicable (NC	OTE: Registered Agent signal	ure required when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTORS IN 12
SIGNATURE	Signature, typed of printed name of registered agent a OFF ICERS AND PDT LOBRUTTO, JOSEPH	and lide if applicable (NC D DIRECTORS	DTE: Registered Agent signal	ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed of printed seems of registered agent at OFF ICERS AND LOBRUTTO, JOSEPH 229 REX COURT	and lide if applicable (NC D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTORS IN 12 Change Addition
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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 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: