

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H19462 (1)

1. Corporation Name
MR. FABULOUS LAUNDRY & CLEANERS, INC.



Principal Place of Business: **C/O MARTIN S. JACOBS
1564-68 NE 165TH ST
N MIAMI BEACH FL 33162**

Mailing Address: **C/O MARTIN S. JACOBS
1564-68 NE 165TH ST
N MIAMI BEACH FL 33162**

3. Date Incorporated or Qualified 09/04/1984	3a. Date of Last Report 02/14/1995
4. FEI Number 59-2474751	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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**JACOBS, MARTIN S.
1564-68 NE 165TH ST
N MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, MARTIN S.	2. NAME	
STREET ADDRESS	1564-68 NE 165TH ST	3. STREET ADDRESS	
CITY-STATE-ZIP	N MIAMI BEACH FL	4. CITY-STATE-ZIP	
<input type="checkbox"/> DELETE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6. NAME	
NAME		7. STREET ADDRESS	
STREET ADDRESS		8. CITY-STATE-ZIP	
CITY-STATE-ZIP		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		10. NAME	
TITLE		11. STREET ADDRESS	
NAME		12. CITY-STATE-ZIP	
STREET ADDRESS		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		14. NAME	
<input type="checkbox"/> DELETE		15. STREET ADDRESS	
TITLE		16. CITY-STATE-ZIP	
NAME		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		18. NAME	
CITY-STATE-ZIP		19. STREET ADDRESS	
<input type="checkbox"/> DELETE		20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Martin Jacobs* **MARTIN S. JACOBS, PRES. 1/19/96** 305/940-0722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)