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

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MANILAL TO

FILED Apr 30 1998 8:00am **PROFIT** ELOPIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name J12495 (4) KHATRI SUNRISE CLEANERS. INC. Principal Place of Business Mailing Address 1504 W. VINE STREET 1504 W. VINE STREET KISSIMMEE FL 34741-4002 KISSIMMEE FL 34741-4002 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/02/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2680067 Not Applicable 21 Suite Ant #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ROGERS, JERRY L 808 VERONA ST. Street Address (P.O. Box Number is Not Acceptable) 82 KISSIMMEE FL 34741 83 Zip Code 84 City bove-named corporation submits this statement for the purpose of changing its registered d by the corporation's board of directors. I hereby accept the appointment as registered Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authoriz
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SI **SIGNATURE** Signature typed or printed name of registered agent and title if applicable d Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change DELETE TITLE KHATRI, MANILAL J. 433 FOUNTAINHEAD CIR APT #185 STREET ADDRESS TREET ADDRESS KISSIMMEE FL CITY-ST-ZIP TY-ST-ZIP Change ☐ Addition DELETE TITLE 2 1 TLE NAME STREET ADDRESS REFET ADDRESS CITY-ST-ZIP ITY - ST - ZIP Addition Change ☐ DELETE TITLE TLE NAME STREET ADDRESS REFT ADDRESS CITY-ST-ZIP ITY-ST-ZIP ___ Addition Change TITLE DELETE HALLE STREET ADDRESS REET ADDRESS CITY-ST-ZIP TY - ST - 71P ☐ Addition DELETE TITLE STREET ADDRESS CITY-ST-ZIP Y-ST-ZIP DELETE Change Addition TITLE NAME STREET ADDRESS

notion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an is report as required by Chapter 607, Florida Statutes; and that my name appears in

APR 22/98

401.840-1250

TRESIDEYT