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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J23005

(8)

CONTINENTAL DRY CLEANERS, INC.

FILED
May 01 1998 8:00am
Secretary of State



Principal Place	of Business	Mailing Address			
2535 NORTH (	DIXIE HIGHWAY	2535 NORTH DIXIE HIG	HWAY		
LAKE WORTH FL 33460		LAKE WORTH FL 33460			DO NOT INDITE IN THIS SPACE
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
2. Principal Pla	ace of Business	2s. Mailing Address			07/09/1986 4. FEI Number Applied For
21		26			59-2696800 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the our ent year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	g. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Registered Agent
Kassam, mubarak a.				81 Name	e
	TEMPLE AVE		ľ	82 Street	et Address (P.O. Box Number is Not Acceptable)
BO\	/N <b>TON B</b> CH FL 33436		}	83	
				63	•
				84 City	FL 85 Zip Code
44 Duzeuant te	the provisions of Sections 607.050	22 and 607 1508 Florida Stati	utos the ab	nyo namoi	ed corporation submits this statement for the purpose of changing its registered
office or re	gistered agent, or both, in the State	of Florida. Such change was	s authorized	by the co	prporation'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 too if applicable (NOTE Registered Agent signa				Agent signatu	ure required when reinstating) DATE
12,		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 101	LE	Change Addition
NAME	KASSAM, MUBARAK A.		1.2 NA	ME	
STREET ADDRESS	188 TEMPLE AVE		1.3 STF	REET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL		1.4 CIT	Y - ST - ZIP	
TITLE	D DELETE 2.1		2.1 TiT	LE	Change Addition
NAME	Kassam, Julia M.		2.2 NA	ME	
STREET ADDRESS 188 TEMPLE AVE			2.3 STREET ADDRESS		,
CITY-ST-ZIP	BOYNTON BCH FL			Y-ST-ZIP	
TITLE		DELETE	3.1 317	LE	Change [_] Addition
NAME			3.2 NAI		
STREET ADDRESS				reet address	3
CITY-ST-ZIP TITLE	<del></del>	DELETE	3.4. CIT	Y-ST-ZIP	Change Addition
NAME		FT DECEIE	4.1 (t) 4.2 NA		C Change C Addition
STREET ADDRESS				ivie Ree1 address	
CITY-ST-ZIP				reet addhess Y-ST-ZIP	1
TITLE		DELETE	5.1 TIT		Change Addition
NAME			5.2 NAI		
STREET ADDRESS				EET ADDRESS	<u>,</u>
CITY-ST-ZIP				Y-ST-ZIP	•
TITLE	······································	☐ DELETE	6.1 TITI		☐ Change ☐ Addition
NAME			6.2 NAI	ME	
STREET ADDRESS			6.3 STR	EET ADDRESS	3
CITY-ST-ZIP				Y-ST-ZIP	
					ated 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 eath; that I am an officer or director 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.					