

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

FILED

**Feb 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # J32809 (2)
1. Corporation Name
LUONG DRY CLEANING, INCORPORATED



Principal Place of Business: **5225 NE 2ND AVE FT LAUDERDALE FL 33334 US**
Mailing Address: **5225 NE 2ND AVE FT LAUDERDALE FL 33334 US**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
09/11/1986

21	2. Principal Place of Business	26	2a. Mailing Address
	1 E BROWARD BLVD		1 E BROWARD BLVD
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
	105		105
23	City & State	28	City & State
	FT LAUDERDALE		FT LAUDERDALE
24	Zip	29	Zip
	33301		33301
25	Country	30	Country

4. FEI Number: **59-2719628**
Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

g. Name and Address of Current Registered Agent
**LUONG, SCOTT
5225 NE 2 AVE.
FT. LAUDERDALE FL 33334**

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 607.1508, 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: *Scott Luong*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	DE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUONG, SCOTT	1.2 NAME	LUONG, SCOTT
STREET ADDRESS	5225 NE 2 AVE	1.3 STREET ADDRESS	1 EAST BROWARD BLVD # 105
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *Scott Luong* **02/15/98**

CR2E034 (10/97)