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

PROFIT CORPORATION ANNUAL REPORT

1997

NO SPOT CLEANERS, INC.



LEORIDA DEPARTMENTI OF STAT

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J61482

(2)

## FILED May 06 1997 8:00am Secretary of State

Ipal Place of Business	Mailing Address	"

Principal Place of Business 718 NORTH FEDERAL HIGHWAY HALLANDALE FL 33009		Mailing Address 716 NORTH FEDERAL HIGHWAY HALLANDALE FL 33009-2409		T I DOUING DING BRIDG INDIA DIADA KAND ANDA BEDIA BIBIA BIBIA BEDIA DIBIA BEDI			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		[28]		Trust Fund Contribution Added to Fees			
Zip 24	Country	Zip	Cipui	ntry	8. This corporation has liability for in		der s. 199.032,
24]	25] 9. Name and Address of Curre	129 ni Registered Agent	30]		Florida Statutes  10. Name and Address of New Rec	Yes No	
CHC	OVANES, MARTIN P.			81 Name	TO, Name and Address of New Ref	nstered Agent	
	2 CHAMPIONS WAY						
	YERS PL			82 Street Add	iress (P.O. Box Number is Not Acceptabl	e)	
N LAUDERDALE FL 33068			Ì	В3		WV. 14.44.44.	
			ŀ	84 City	The second secon	<b></b> 85	Zip Code
	<u> </u>						•
office or a	to the provisions of Sections 607,056 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Stat c of Florida. Such change wa ations of, Section 607.0505,	tutes, the ab s authorized Florida State	ove-riamed cor I by the corpora utes:	poration submits this statement for the pution's board of directors. I hereby accep	irpose of changi the appointmen	ing its registered it as registered
SIGNATURE	Signature, typed or printed hanc of registered ag	est and tiltual transleaded (A)	Δ.H. · Propietologi	Agont ripped us too.	ired when reinstating)		
12,		ID DIRECTORS	13.	Agent signature requ	ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIREC	TORS IN 12
TITLE	P	DELETE	1.1 11	l E		Cha	
NAME	CHOVANES, MARTIN		1.2 NA	M£.			
STREET ADDRESS	2182 CHAMPIONS WAY		1.3 \$16	REL1 ADDRESS			
CITY-ST-ZIP	N LAUDERDALE FL			Y-S1-ZIP			
Title	S AND MANCO ANNA	DELETE	2.1 111	1		☐ Cha	nge 🔲 Addition
NAME	CHOUVANES, ANNA 2162 CHAMPIONS WAY		2.2 NA	i			
STREET ADDRESS	N LAUDERDALE FL			REET ADDRESS			
CITY-ST-ZIP	IN CHOOCHDACE I E	DELFTE	2 4 CF 3 1 1 B	1Y-S1-ZiP		OL.	[7 7448]
NAME			3 2 NA			L. Cha	nge [_] Addition
STREET ADDRESS				NE REET ADDRESS		•	
CITY-ST-ZIP				1Y - S1 - ZIP			
TITLE		DELETE	4.1 1(1)			☐ Chai	nge Addition
NAME			4. 2 NA				
STREET ADDRESS			4.3 \$16	RECT ADDRESS			
CITY ST-ZIP				Y-\$1-ZIP			
TITLE		☐ DELETE	5.1 111	··		☐ Chai	nge [] Addition
NAME			5.2-NAI	ME			
STREET ADDRESS		•	5.3 STA	REET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-7IP			<u>.</u>
tilte		DELETE	6.17(1)	,F ] 1		☐ Chai	nge 🔲 Addition
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 S1F	REET ADDRESS			
CITY-ST-ZIP	<u></u>		6.4 <sub>1</sub> CIT	Y-SI-ZiP			

4. I do 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 suppliemental annual report is fruc and accurate and that my signature shall have the same legal effect as if made under eath; 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

CHATTER MONTO POR MORTER O CHAMPS U/20100 OCHAMPS