

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 PM 2: 14

DOCUMENT # J69091 (3)

1. Corporation Name
CASSELTON CLEANERS, INC.

Principal Place of Business
**2054 SEMORAN BLVD #132
WINTER PARK FL 32792**

Mailing Address
**2054 SEMORAN BLVD #132
WINTER PARK FL 32792**

DO NOT WRITE IN THIS SPACE

3. Date Report Filed or Quoted **04/23/1987** 3a. Date of Last Report **03/28/1994**

2. Principal Place of Business	26. Mailing Address	4. FEI Number	Applied For
21	26	59-2800234	Not Applicable
State: April 1987	State: April 1987	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City, State	City & State	8. This corporation has liability for intangible tax under Section 199 of Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28	24	25
29	30	9. Name and Address of Current Registered Agent	

**RATHOD, JEKISANDAS H.
9459 CANNON DRIVE
ORLANDO FL 32817**

10. Name and Address of New Registered Agent

B1. Name	B5. State
B2. Street Address (P.O. Box Number is Not Acceptable)	FL
B3.	
B4. City	

11. I, the undersigned, as authorized officer and agent of the Florida Statutes, the above named corporation submit this statement for the purpose of changing its registered office to the principal place of business in the State of Florida. Any changes are authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am aware of the obligations of a registered agent under Florida Statutes.

SIGNATURE: *Jekisandas H Rathod* **JEKISANDAS RATHOD** 4-23-87

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	PD RATHOD, JEKISANDAS	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	2054 SEMORAN BLV #132	2. NAME	
3. CITY	WINTER PARK FL	3. STREET ADDRESS	
4. STATE	FL	4. CITY	
5. NAME	STD RATHOD, ANIL	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	2054 SEMORAN BLVD #132	6. NAME	
7. CITY	WINTER PARK FL	7. STREET ADDRESS	
8. STATE	FL	8. CITY	
9. NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS		10. NAME	
11. CITY		11. STREET ADDRESS	
12. STATE		12. CITY	
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. NAME	
15. CITY		15. STREET ADDRESS	
16. STATE		16. CITY	

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and complete for the information stated in Section 199.03(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and complete and that my signature shall have the same legal effect as if made in person. That I am an officer or director of the corporation or the trustee or trustee-in-waiting named in the report as required by Section 199.03(1)(b), Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached form, with an address.

SIGNATURE: Jekisandas H Rathod JEKISANDAS H RATHOD C407678-9356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR