## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

| 1. Corporation CASS   | MENT # <b>J690</b> SELTON CLEANERS, INC.  | ` '   |   |  |   | . 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1)   |
|---|---|---|---|--|---|---|
| Principal Place   | of Business   | Mailing Address   |   |  | {   | 8484  |
| 2054 SEMORAN BLVD #132<br>WINTER PARK FL 32792  |   | 2054 SEMORAN BLVD #132<br>WINTER PARK FL 32792  |   |  |   |   |
|   |   |   |   |  | 3. Date Incorporated or Qualified 3a. 04/23/1987  | Date of Last Report 05/01/1995  |
| 2. Principal Place of Business  |   | 2a. Mailing Address   |   | 4. FEI Number 59-2800234   | Applied For Not Applicable  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   | 5. Cortificate of Status Desired   | \$8.75 Additional Fee Required  |   |
| City & State  |   | City & State  |   |  | 6. Election Campaign Financing \$5.00 May Be  | <b>\$5.00</b> May Be  |
| <b>Z</b> (p   | Country   | 28  <br>  Zip   | Country   |  | This corporation has liability for intang   |   |
| 24  | 25<br>9. Name and Address of Curr   | 29 ant Payletored Arent   | [30]  |  | Florida Statutes 🔀 Yes 🔲  |   |
|   | a. Hame and Address of Carr   | ent negistered Agent  | 81  | Name   | 10. Name and Address of New Regist  | ered Agent  |
|   | DD, JEKISANDAS H.   |   | 82  |  | ess (P.O. Box Number is Not Acceptable)   |   |
| 9458 CANNON DRIVE<br>ORLANDO FL 32817   |   |   | 83  |  |   |   |
|   |   |   | 84  | City   |   | F1 85 Zip Code  |
| TI. FOISOARIUR  |   | uz and 697. 1508, Florida Stati   | utes, the above n   | amed corpora   | ation submits this statement for the purpose (  | of chariging its registered office.   |
| SIGNATURE   | ed agent, or both, in the State of Fic<br>h, and accept the obligations of, So<br>Synature, tyred or plinted non-und registered ag                                      | cuon 607.0505, Horida Statute   | utes, the above mized by the corpo<br>es.   |  | ation submits this statement for the purpose of directors. I hereby accept the appointment when reinstairs? | of changing its registered office<br>ant as registered agent. I am  |
| SIGNATURE   | n, and accept the obligations of, Sc<br>Signature, typed or printed name of registered ag-<br>OFFICERS A  | ent and fills if applicable 7<br>ND DIFECTORS   | es.   |  |   | ATE   |
| SIGNATURE   | Signature, tyrest or printed nenre of registered ag-<br>OFFICERS A  | ent and little ill applicable   | NOTE Respected Agent  13. 1.1 TITLE   |  | d when reinstating). O  | ATE   |
| SIGNATURE   | Synature, typed or printed non-e-directioned age OFFICERS A PD RATHOD, JEKISANDAS   | ent and Mibil applicable 7  IND DIFFECTORS  | NOTE Respectived Agent  13. 1.1 TITLE 1.2 NAME  | t signature required   | d when reinstating). O  | ATE<br>S AND DIRECTORS IN 12  |
| SIGNATURE   | Syndrum, typed or printed non-collegations of, Sci<br>OFFICERS A<br>PD<br>RATHOD, JEKISANDAS<br>2054 SEMORAN BLV #13  | ent and Mibili applicable 7  IND DIFFECTORS   | NOTE Respectived Agent  13. 1.1 TITLE 1.2 NAME 1.3 STHEET /   | t signature required  ADDRESS  | d when reinstating). O  | ATE<br>S AND DIRECTORS IN 12  |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-SI-ZIP  | Sprature, tyred or printed non-e-of registered age OFFICERS A PD RATHOD, JEKISANDAS 2054 SEMORAN BLV #15 WINTER PARK FL   | ent and Rib II applicable   | 98.  NOTE Projectived Agreet  13.  1.1 TITLE  1.2 NAME  1.3 STREET /  1.4 City-ST   | t signature required  ADDRESS  | d when reinstating). O  | ATE S AND DIRECTORS IN 12 Change Addition   |
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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.

JRKISAW 3 RS 4.29-96 Cho \$ 76-9356