

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K20775 (8)**

1. Corporation Name  
**E.J.H. DRY CLEANERS INC.**



Principal Place of Business: **962-4 NORMANDY DRIVE MIAMI FL 33141**  
Mailing Address: **962-4 NORMANDY DRIVE MIAMI FL 33141**

3. Date Incorporated or Qualified: **04/11/1988**  
3a. Date of Last Report: **05/01/1995**  
4. FEE Number: **65-0043418** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **LAMARRE, DENIS 17390 NE 19 AVE N MIAMI BEACH 33162**  
81. Name: \_\_\_\_\_  
82. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83. \_\_\_\_\_  
84. City: \_\_\_\_\_ FL 85. Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0402 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 607.0405, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	LAMARRE, DENIS	12. NAME	
	17390 NE 19 AVE	13. STREET ADDRESS	
	N. MIAMI BEACH FL	14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	LAMARRE, CHANTAL	21. TITLE	
	17390 NE 19 AVE	22. NAME	
	N. MIAMI BEACH FL	23. STREET ADDRESS	
		24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32. NAME	
		33. STREET ADDRESS	
		34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42. NAME	
		43. STREET ADDRESS	
		44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52. NAME	
		53. STREET ADDRESS	
		54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62. NAME	
		63. STREET ADDRESS	
		64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement only 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/96 (30) 866-3144

CR2E034 (12/95)