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				
חטכו	IMENIT #	K3342			

(6)

1. Corporation Name

SEREN DRYCLEANING CORP.

OLIILI.						***************************************		,				
Principa' Place	of Business		M	falling Address							, ., ., ., ., .,	1 44811 81811 1881
7963 LAKE W LAKE WORTH				7963 lake worth ri Lake worth FL 3346								
									3. Date incorporated or Qualified 09/19/1988	1	of Last F 1/13/19	,
2. Principal Pla	ace of Busine	ss	h1	 Mailing Address 					4. FEI Number			Applied For
21			26						65-0077179			Not Applicable
Suite, Apt. 1			27	Suite, Apt. #, etc.					5. Certificate of Status Desired			5 Additional Required
City & State	•		28	City & State					Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zıp		Country	1	Zıp	201	Country	,		8. This corporation has liability for	intangible ta		
24		25 and Address of Curre	29 nt Regis	stered Agent	30	ــــــ			Florida Statutes Yes 10. Name and Address of New F		Acont	
· · · · · · · · · · · · · · · · · · ·		and riddieds of Care	in riegi.	acrea Agent		81	Π	Name	To. Name and Address of New P	registereu	Agent	
JAIKISSO	OON, SEOS	AHAI				82	<u> </u>		ss (P.O. Box Number is Not Acceptat	ale)		
	KE WORTH					83	L.					
FAVE M	ORTH FL 3:	3407				L.	L					
						84	(City		FL	85 Z	ip Code
familiar wit	th, and accep	ons or sections 607,052, ooth, in the State of Flori of the obligations of, Scot	lion 637	.0505, Florida Stalute	os.			med corporal ation's board gnature required v	tion submits this statement for the pu of directors. I hereby accept the app	rpose of cha ointment as	inging its registered	registered office d agent, I am
12.	-3 //	OFFICERS AN				13.		griono o respirace r	ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12
TITLE	D			[] DELETE		1. 1 TETLE					Change	
NAME		OON, SEOSAHAI				1.2 NAME						
STREET ADDRESS		REST HILLS BLVD				1.3 STREET	ΑĐ	DRESS				
CITY-ST-ZIP	WEST PA	ALM BEACH FL				1.4 CITY - S		ZIP				
TITLE				DELETE		2 1 THLE	٠				Change	Addition .
NAME STREET ADDRESS	 					2.2 NAME	. un	, norne				
CITY-ST-ZIP						2 3 STREET 2 4 CITY - S						
TITLE				DELETE		3 1 TITLE		4 IF		f	Change	Addition
NAME						3 2 NAME						
STREET ADORESS						3 3 STREE	1A (DORESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				3 4 CITY - 9	31-2	ZIP				
TITLE				☐ DELETE	1	4. 1 TITLE				[Change	Addition
NAME					1	4.2 NAME						
STREET ADDRESS					ı	4.3 STREET	AD	ORESS				
CITY-ST-ZIP				FT DELETE		4.4 CITY - S	31-2	71P				
TITLE				☐ DELE1E		5. 1 THLE				Ĺ	Change	Addition
NAME CARECA ADDRESS						5.2 NAME						
STREET ADDRESS						5.3 STREET						
CITY-ST-ZIP TITLE				DELETE		5.4 CITY - 5	1-2	71P			Channe	[Addition
NAME				€ Million	ľ	6. 1 TITLE 6.2 NAME				ι	Change	Addition:
STREET ADDRESS					ŀ	6.3 STREET	40	IDDECC				
CITY-ST-ZIP						6.4 CITY - S		l l				

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 arrival 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 13 if changed, or on an attachment with an address.

SIGNATURE: __

SE OSA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEOSAHAI JAIKISSOON - PRESIDENT 4/19/96