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 **DOCUMENT #**

(6)

L & L QUALITY CLEANERS, INC.

L & L QUALITY CLEANERS, INC.										
Principal Place	of Business	Mailing Address								
		8131 GREENBRIER C								
SPRING HILL	FL 34606	SPRING HILL FL 346	106				[0. D.	ate of Last Re		
						 Date Incorporated or Qualified 10/06/1988 		02/14/199	5	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number		———	pplied For	
21		26				59-2916932			lot Applicable	
Suite, Apt. #, etc.		Suite, Apl. #, etc.				5. Certificate of Status Desired			Additional lequired	
2		City & State				6. Election Campaign Financing			May Be	
		28				Trust Fund Contribution			to Fees	
		Zip Coun				8. This corporation has liability for			199.032,	
	25	29	30			THORSE CHARACTER	□ No			
ELI	Name and Address of Curr	ent Registered Agent				10. Name and Address of New I	legistere	d Agent		
				81	Name			_		
Principal Place of Business B131 GREENBRIER CT. SPRING HILL FL 34606 2. Principal Place of Business 21 Soite, Apt. #, etc. 22 City & State 23 Zip Country 25 9, Name and Address of Curre LA CORTE, LINDA 8131 GREENBRIER CT SPRING HILL FL 34606 11. Pursuant to the provisions of Sections 607.056 or registered agent, or both, in the State of Flo furnillar with, and accept the obligations of, Se SIGNATURE			82 Street		Street Add	ress (P.O. Box Number is Not Acceptal	ole)			
8131 GF	REENBRIER CT			B3						
SPRING	HILL FL 34606			53						
24 25 9. Name and Address of Current Register LA CORTE, LINDA 8131 GREENBRIER CT SPRING HILL FL 34606 11. Pursuant to the provisions of Sections 607.0502 and 607.1 or registered agent, or both, in the State of Florida Such of familiar with, and accept the obligations of, Section 607.05 SIGNATURE 12. OFFICERS AND DIRECTO PT LA CORTE, LINDA 8131 GREENBRIER CT SPRING HILL FL				84	City		F	85 Zip	Code	
n i a savet i stolice a	of Cooking 607 OF	02 and 607 1508 Florida Stat	tutes the abo	L1	amed corpo	ration submits this statement for the pu	rnose of	changing its re	egistered office	
familiar wil	th, and accept the obligations of, Se	ection 607.0505, Florida Statu	tes.			od when renslating	DATE			
12.			13.			ADDITIONS/CHANGES TO OF	FICERS A			
	PT	DELETE	1. 1 1	1. 1 TITLE				Change	Addition	
NAME			128	1 2 NAMÉ						
STREET ADDRESS					ADDRESS					
CITY - \$1 - ZIP	1	E DELETE		2 1 TITLE				Change	☐ Addition	
	'-	☐ DELETE		IAME				٠ - سي	_	
					ADDRESS					
					SI-ZIP					
	V SPRING FALL FL	☐ DELFTE		TITLE	/ <u> </u>			☐ Change	Addition	
	LACORTE, RONALD J C)	321	NAME						
		1	33	STREE	1 ADDRESS					
			340	3 4 CITY - \$1 - Z					["] Addition	
		DELETE	4.1	4. 1 THLE				☐ Change	Addition	
NAME				NAME						
SIREEL ADORESS					ADDRESS					
CAY SI-ZP		PT DELETE		_	ST-ZIP			["] Change	Addition	
		☐ DELETE		TITLE					_ ·	
NAME				NAME	. 1000000					
STEEL LADORESS					I ADDRESS					
City \$1-70		DELETE		CITY -: TITLE	SI-ZiP			Change	☐ Addition	
THLE				NAME						
NAME:					1 ADDRESS					
STREET ACOREUS	1		0.3	ıntt	HIMMESS					

64 CITY-ST-ZIP

14. Ldo 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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: SIGNATURE AND TYPED OR PRINTED NAME OF

3/8/96 # 352-186-02/2