

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90050 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K69180 1. Corporation Name DALY CLEANERS INC			
Principal Place of Business 874 NE 125 ST SECOND FLOOR NORTH MIAMI FL 33161		Mailing Address 9016 ABBOTT AVENUE MIAMI BEACH FL 33154	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/02/1989	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0103805	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent BARBAROFF, MARCEL ESA 2450 NE MIAMI GARDENS DR MIAMI FL		10. Name and Address of New Registered Agent	
		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 607.0502 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 607.0505, Florida Statutes.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (If Off. Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	2.1 TITLE	
NAME	STREET ADDRESS	2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	3.1 TITLE	
NAME	STREET ADDRESS	3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	4.1 TITLE	
NAME	STREET ADDRESS	4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	5.1 TITLE	
NAME	STREET ADDRESS	5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	6.1 TITLE	
NAME	STREET ADDRESS	6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	☐ Change ☐ Addition
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 oath. 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: _____		Date: 4/16/99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____	

