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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 02 1998 8:00am Secretary of State

11 porberation	I⊏IVI # Name		75	(7)					
RAINBOW DRYCLEANERS, INC.									
HAINDUV	Y DRYGLE	ANERO, INC.					1 18 21 21 21 21 21 21 21 21 21 21 21 21 21		019f1 S1511 1561
							- 1		
Principal Place of Business Mailing Address							-	INAN DINEN MANAK BIDIN DIRI	
4502 WEST VILLAGE DR. 4502 WEST VILLAGE DR.					<b>;</b>				
TAMPA FL 33624 TAMPA FL 33624					l.				
								E IN THIS SPACE	
							3. Date Incorporated or Qualified	-	
a Driveriant Dia	<del>( Di</del>		<del></del>	Martina Adalasas			09/18/1989	T	1
<del></del>	2. Principal Place of Business			2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #, etc.			26	Suite, Apt. #, etc.			59-2978203	£0.	Not Applicable
22			27	27			5. Certificate of Status Desired		75 Additional e Required
City & State				City & State			6. Election Campaign Financing		.00 May Be
23 28							Trust Fund Contribution		ded to Fees
Zip Country				Zip Country		7	8. This corporation owes or has p		
24	25		29	29 30			Personal Property Tax due Jun		□No
·	g. Name an	d Address of Cu	rrent Regis	tered Agent			10. Name and Address of New R	egistered Agent	
BON	O, NATHAN	L			81	Name		-	
2121 KILLARNEY G					82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)	
TALLAHASSEE FL 32308									
77 122 17 10 022 1 2 02000					83				
					84	City			Zip Code
								FL!	
11. Pursuant to	the provision	s of Sections 607. t. or both, in the S	0502 and 60 tate of Floric	07.1508, Florida Statu 1a. Such change was	tes, the abov	e-named corp	oration submits this statement for the on's board of directors. I hereby acce	purpose of changi	ng its registered
agent. I am	familiar with,	and accept the of	oligations of	, Section 607.0505, F	lorida Statute	s.	one bear of an entered thereby accept	spr in appointing	i do rogiotoroa
SIGNATURE _			i						
	gnature, typed or p	orinted name of registered	AND DIREC			ent signature require	ed when reinstating)	DATE	TODO IN 40
TIZ.	p	OFFICERS	AND DIREC	DELETE	13.		ADDITIONS/CHANGES TO OFFI		TORSIN 12 . !
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				<b></b>	1.2 NAME	ADDRESS		∟ Chai	
		HIGAN AVE.			1.2 NAME 1,3 STREET	i		ii Chai	
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Indicated on this annual report or supplied with this limit does not coainy for the exemption stated in Section 119.0/(3/t), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 of 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 prion an attachment with an address.