

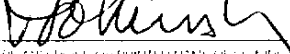


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED APR 26 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002349 XPRESS DRY CLEANERS, L.C. 5269 S.W. 117TH AVENUE COOPER CITY FL 33330		1a. Principal Place of Business Address 5269 S.W. 117TH AVENUE COOPER CITY FL 33330			
2. Principal Place of Business Suite, Apt #, etc City & State Zip Country		2a. Mailing Address Suite, Apt #, etc City & State Zip Country		3. Date Organized or Qualified 10/21/1998 4. FEI Number 05-0864217 06/4/2 5. Date of Last Report 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent LOKEINSKY, JENNIFER G 5269 S.W. 117TH AVENUE COOPER CITY FL 33330			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc City Zip Code FL		
<p>9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.</p>					
SIGNATURE _____			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	LOKEINSKY, JENNIFER G	5269 S.W. 117TH AVENUE		COOPER CITY FL	
200002860602-0 -05/03/99-01124-010 ****188.75 ****188.75 					

11 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  **4/16/99 (95A) 680-9074**