

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

**FILED**  
**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90002 009 \*\*\*450.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **M59733**

1. Corporation Name  
**DRYCLEAN USA OF FLORIDA, INC.**



Principal Place of Business  
 1875 W. COMMERCIAL BLVD.  
 SUITE 140  
 FT. LAUDERDALE FL 33309-3067

Mailing Address  
 1875 W. COMMERCIAL BLVD.  
 SUITE 140  
 FT. LAUDERDALE FL 33309-3067

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	City & State	27	City & State	65-0050277	Not Applicable
23	Zip	28	Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30		8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
			FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director & President
NAME	BARRY, JAMES P	1.2 NAME	Eddie J. Rodriguez
STREET ADDRESS	51 WEST 135TH STREET	1.3 STREET ADDRESS	51 W. 135th
CITY-ST-ZIP	KANSAS CITY MO	1.4 CITY-ST-ZIP	Kansas City MO 64145
TITLE	DC	2.1 TITLE	Asst. Sec / Asst. Treas.
NAME	BARRY, JAMES P.	2.2 NAME	Larry Cohen
STREET ADDRESS	51 WEST 135TH STREET	2.3 STREET ADDRESS	1875 W. Commercial Blvd #140
CITY-ST-ZIP	KANSAS CITY MO	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	T	3.1 TITLE	
NAME	VADOVICKY, PAUL J	3.2 NAME	
STREET ADDRESS	1875 W COMMERCIAL BLVD, #140	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	NOAH SILVER	4.2 NAME	
STREET ADDRESS	1875 W COMMERCIAL BLVD #140	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D.	5.1 TITLE	
NAME	ZERNY, RICHARD G	5.2 NAME	
STREET ADDRESS	MIDWAY ROAD, BOOTLE MERSEYSIDE	5.3 STREET ADDRESS	
CITY-ST-ZIP	L205EW UK	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	CAVITT, BRUCE, E.	6.2 NAME	
STREET ADDRESS	1875 W COMMERCIAL BLVD, #170	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I 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; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul J. Vadovich* DATE: 4/12/99 DAYTIME PHONE: (816) 943-0575

CR2E034 (11/98)