

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **M84543** (1)

1. Corporation Name  
**FRAN CARR CLEANING, INC.**

Principal Place of Business

Mailing Address

10101 SOUTHWEST 53 COURT  
 COOPER CITY FL 33328  
 US

POST OFFICE BOX 840425  
 HOLLYWOOD FL 33084  
 US

FILED  
 97 JAN 23 AM 10:06  
 SECRETARY OF STATE



filed as AIR  
 MWB 1-24-97

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 3701 SW 47th Ave

23 City & State

28 DAVIE FL

24 Zip

25 Country

29 Zip

30 Country

US

33314

Broward

3. Date Incorporated or Qualified

06/06/1988

3a. Date of Last Report

08/09/1995

4. FEI Number

65-0057042

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

RODRIGUEZ, SIGILFREDO J  
 10101 SOUTHWEST 53 COURT  
 COOPER CITY FL 33328

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/>	DELETE
NAME	RODRIGUEZ, SIGILFREDO J		
STREET ADDRESS	10101 SOUTHWEST 53 COURT		
CITY - ST - ZIP	COOPER CITY FL		
TITLE	V	<input type="checkbox"/>	DELETE
NAME	RODRIGUEZ, JULIE M		
STREET ADDRESS	10101 SOUTHWEST 53 COURT		
CITY - ST - ZIP	COOPER CITY FL		
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
1.2 NAME				
1.3 STREET ADDRESS				
1.4 CITY - ST - ZIP				
2.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY - ST - ZIP				
3.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY - ST - ZIP				
4.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY - ST - ZIP				
5.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY - ST - ZIP				
6.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
6.2 NAME				
6.3 STREET ADDRESS				
6.4 CITY - ST - ZIP				

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 \*\*\*\*225.00 \*\*\*\*225.00

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-2718  
 Date: 68-1707

CR2E034 (3/96)