FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P02266** **(5)**

1. Corporate Name

GARY'S ALL BRITE DRYCLEANERS, INC.

Principal Place of Business

21 RABBITS RUN
PALM BEACH GARDENS FL 33418

Mailing Address

21 RABBITS RUN
PALM BEACH GARDENS FL 33418

2. Principal Place of Business
21
Suite Apt. #
22
City, State
23
Zip
24
County
25

2a. Mailing Address
26
Suite Apt. #
27
City, State
28
Zip
29
County
30

3. Date Incorporated or Qualified: **06/04/1984**

3a. Date of Last Report: **02/27/1995**

4. FEI Number: **59-2566046** [ ] Applied For [ ] Not Applicable

5. Check if Status Desired [ ] **$8.75** Additional Fee Required

6. File Form Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. The Corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

SERAYDARIAN, GARY M.
21 RABBITS RUN
PALM BEACH GARDENS FL 33410

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 Section 607.0505 and 607.0506, 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. In accordance with the corporation's Board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of registered agent, Florida Statutes.

Signature

12. OFFICERS AND DIRECTORS

PD [ ] DELETE
SERAYDARIAN, GARY M.
21 RABBITS RUN
PALM BCH GARDENS FL

SD [ ] DELETE
SERAYDARIAN, JOAN S.
21 RABBITS RUN
PALM BCH GARDENS FL

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental 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 in compliance with Chapter 607, Florida Statutes.

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

Feb 22, 1996 (407) 626-0553
Date Telephone

CR2E034 (12/95)