SECOND 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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000004991 (5)**

1. Corporation Name
ROYAL CLEANS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
600 N. THACKER AVE STE. D-45 KISSIMMEE FL 34741 US	600 N. THACKER AVE STE. D-45 KISSIMMEE FL 34741 US

3. Date Incorporated or Qualified: 11/12/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 18 S. Bermuda Ave	26 18 S. Bermuda Ave
Suite, Apt. #, etc 22 A	Suite, Apt. #, etc 27 A
City & State 23 Kissimmee FL	City & State 28 Kissimmee FL
Zip 24 34741 Country 25 USA	Zip 29 34741 Country 30 USA

4. FEI Number: 59-3163243 ☐ 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

BENEVOLENT, JOHN
600 N. THACKER AVE
STE. D-45
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name: Benevolent, John
82 Street Address (P.O. Box Number is Not Acceptable): 18A S. Bermuda Ave
83
84 City: Kissimmee FL 85 Zip Code: 34744

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: John Benevolent, John Benevolent President DATE: 7/1/96
Signature of officer or director of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BENEVOLENT, JOHN 600 N. THACKER AVENUE SUITE D65 KISSIMMEE FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P Benevolent, John 18A S. Bermuda Ave Kissimmee, FL 34741	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BENEVOLENT, ANN 600 N. THACKER AVENUE SUITE D65 KISSIMMEE FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V Benevolent, Ann 18A S. Bermuda Ave Kissimmee, FL 34741	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 if changed, or on an attachment with an address.

SIGNATURE: Ann Benevolent, Ann Benevolent V.P. 7/1/96 407-933-4462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #