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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300007842

1. Corporation Name

COLONI	AL PLAZA CLEANERS, INC.								
Principal Place of Business Mailing Address							T HODDINGSON STON DESIGNA ESTATA MONTHA MODILA MODILA DORA	 	BIOIO IIBI IABI
601-D N. BUMBY AVENUE 601-D N. BUMBY AVENUE					1				
ORLANDO FL 32803 ORLANDO FL 32803					,		DO NOT WRITE IN THE	IC SDACE	
					}	2	DO NOT WRITE IN THI Date Incorporated or Qualifed	3 SPACE	
							02/01/1993		
2. Principal P	lace of Business	2a. Mailing Address					FEI Number	Apr	plied For
21		26			1		59-3164658	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5	Certifcate of Status Desired	\$8.75 A	
22	<u> </u>	27				_			quired
City & Stat	e	City & State	¬ ′				Election Campaign Financing	\$5.00 Added to	
23 Zip	Country	Zip	Country				Trust Fund Contribution This corporation owes the current year In		o rees
24	25	29 30	Journa 3		1		Personal Property Tax.		□No
	9. Name and Address of Current						Name and Address of New Registered	d Agent	
			81	Name					ļ
KHATRI, RAJENDRA I			82	Street A	Addres	s (P.	.O. Box Number is Not Acceptable)		
601-D N. BUMBY AVENUE ORLANDO FL 32803				ļ					
UNL	ANDO FL 32003		83]			,		,]
			84	City			F	85 Zip C	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.								gistered	
SIGNATURE	To have						4/12/	99	
12,	Signature, typed or printed name of registered agent OFFICERS AND		stered Ager	nt signature re	equired w		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE				DETTORO, OTRAGES TO OTT TOERO,	☐ Change	Addition
NAME	KHATRI, RAJENDRA I		1.2 NAME						Ì
STREET ADDRESS			1.3 STREE	TADORESS					
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 140		1.4 CITY-S	T-ZIP					
TITLE	VT							Change	☐ Addition
NAME	THE STATE OF THE STATE		2.2 NAME	1					
STREET ADDRESS	10. 000300.200		_	T ADDRESS					
CITY-ST-ZIP			2."4 CITY-5 3.1 TITLE	ST-ZIP				☐ Change	Addition
TITLE NAME			3.2 NAME	(
NAME STREET ADDRESS				TADDRESS					
City-ST-ZIP	•		3.4. CITY-5						{
TITLE	☐ DELETE 4.1 T		4.1 TITLE					☐ Change	☐ Addition
NAME	` '	i	4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRESS					ļ
CITY-ST-ZIP	·		4.4 CITY-S	T-ZIP					- Addition
TITLE			5.1 TITLE 5.2 NAME	ļ				Change	☐ Addition
NAME		1		T ADDRESS					}
STREET ADDRESS			5.4 CITY-S						
CITY-ST-ZIP TITLE	<u> </u>		6.1 TITLE	-				☐ Change	☐ Addition
NAME			6.2 NAME					-	[
STREET ADDRESS		1	6.3 STREE	TADDRESS					

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 reserver 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 attachaged with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90035 004 ***150.00