

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

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUN 30 AM 9:49

DOCUMENT # P93000020597 (9)

1. Corporation Name
QUALITY CLEANERS OF LAKE MARY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 345 W LAKE MARY BLVD UNIT 115 LAKE MARY FL 32746	Mailing Address 345 W LAKE MARY BLVD UNIT 115 LAKE MARY FL 32746
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3. Date Incorporated or Qualified 03/15/1993	3a. Date of Last Report 04/29/1996
4. FEI Number 59-3154025	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

**LLAMA, JOSE
4262 SANDHURST DR.
ORLANDO FL 32817**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Numbers Not Acceptable)	400002232174--5
83	07/07/97 01179-022
	****165.00 ***165.00
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LLAMA, JOSE	
STREET ADDRESS	4262 SANDHURST DR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMALMAACK, CHARLES L	
STREET ADDRESS	362 CROTON DR	
CITY-ST-ZIP	MAYLAND FL 32751	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMAL, JACKIE M	
STREET ADDRESS	362 CRAYON DR.	
CITY-ST-ZIP	MAYLAND FL 32751	
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	

14. I do 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.

SIGNATURE: *[Signature]* 6/23/97 107 321-6664

CR2E034 (9/96)

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June 23, 1997

Florida Dept. of State
Sandra B. Mortham
Secretary of State
Division of Corp.
P. O. Box 6327
Tallahassee, Fl 32314

We received "1997 Profit Corp. Annual Report Packet"
in the mail late.

Called Tallahassee and they informed us to send \$165.00
as soon as possible. You may call Tallahassee to verify
this. The number we called was (904) 488-9000.

Sincerely,



C. L. Schmalmaack
Quality Cleaners of Lake Mary
345 W. Lake Mary Blvd
Unit 115
Lake Mary, Fl 32746