

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

98-00 UBR
2.000



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 27 AM 10:19

DOCUMENT # P93000020597 (9)

QUALITY CLEANERS OF LAKE MARY, INC.

W00-13837



Principal Place of Business
W LAKE MARY BLVD
115
LAKE MARY FL 32746

Mailing Address
345 W LAKE MARY BLVD
UNIT 115
LAKE MARY FL 32746

3. Date Incorporated or Qualified: 03/15/1993
3a. Date of Last Report: 04/29/1996
4. FEI Number: 59-3154025
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

26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LLAMA, JOSE
4262 SANDHURST DR.
ORLANDO FL 32817

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

I, Pursuant to the provisions of Sections 607.0502 and 607.1509, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LLAMA, JOSE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4262 SANDHURST DR	1.2 NAME	
CITY - ST - ZIP	ORLANDO FL 32817	1.3 STREET ADDRESS	
TITLE	D	1.4 CITY - ST - ZIP	300003351439--0
NAME	SCHMALMAACK, CHARLES L	2.1 TITLE	-08/09/00--01099 change 015 Addition
STREET ADDRESS	362 CROTON DR	2.2 NAME	***150.00 ***150.00
CITY - ST - ZIP	MAITLAND FL 32751	2.3 STREET ADDRESS	
TITLE	D	2.4 CITY - ST - ZIP	300003351439--0
NAME	SCHMAL, JACKIE M	3.1 TITLE	-08/09/00--01099 change 015 Addition
STREET ADDRESS	362 CRAYON DR.	3.2 NAME	***300.00 ***300.00
CITY - ST - ZIP	MAIYLAND FL 32751	3.3 STREET ADDRESS	
TITLE		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

prg/ly

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, changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 7/29/96

CR2E034 (9/96)