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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000032385 (5)

1. Corporation Name

AR-PAT'S DRY CLEANERS, INC.

Principal Place of Business

720 HARRISON STREET
SEBASTIAN FL 32958

Mailing Address

720 HARRISON STREET
SEBASTIAN FL 32958-4731



3. Date Incorporated or Qualified

05/03/1993

3a. Date of Last Report

06/20/1996

4. FEI Number

65-0416210

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

MORRISON, ARNOLD
720 HARRISON STREET
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

DELETE

NAME

MORRISON, ARNOLD
720 HARRISON STREET
SEBASTIAN FL 32958

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

Change

Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

Change

Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

Change

Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

Change

Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

Change

Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

Change

Addition

62 NAME

63 STREET ADDRESS

64 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 registered 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 a statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-97

1-561-388-3648

CR2E034 (9/96)