

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 23 AM 10:02

DOCUMENT # P93000066848 (1)

1. Corporation Name

F & S DELUXE CLEANERS, INC.

Principal Place of Business

13027 NW 7TH AVE
MIAMI FL 33163

Mailing Address

13027 NW 7TH AVE
MIAMI FL 33163

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/20/1993

3a. Date of Last Report

11/07/1994

4. FEI Number

65-0440061

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 189.032,
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

24

9. Name and Address of Current Registered Agent

WHITAKER, THOMASINA
6160 SW 68TH ST
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name

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

83

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

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

NAME

STREET ADDRESS

CITY - ST - ZIP

P
VAN TUYL, FRANK JR.
20225 NE 12TH AVENUE
MIAMI FL 33179

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP
VAN TUYL, FRANK SR.
20225 NE 12TH AVENUE
MIAMI FL 33179

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST
VAN TUYL, SONIA
20225 NE 12TH AVENUE
MIAMI FL 33179

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15

16 TITLE

17 NAME

18 STREET ADDRESS

19 CITY - ST - ZIP

20

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

25

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY - ST - ZIP

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31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

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36 TITLE

37 NAME

38 STREET ADDRESS

39 CITY - ST - ZIP

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☐ Change ☐ Addition

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SONIA E VAN TUYL

DATE

6/10/95

TELEPHONE NUMBER

(305) 688-3211

CR2E034 (3/95)