

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
Secretary of State
(850) 487-2000 FAX (850) 487-2001

DOCUMENT # **P93000068931 (3)**

1. Corporation Number

THE BOSTON MAN DRY CLEANERS, INC.

584-1111-25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Homeowner

Mailing Address

6081 W. SUNRISE BLVD.
SUNRISE FL 33313

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SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/29/1993

3a. Date of Last Report
03/21/1994

4. FEI Number
65-0446623

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 damages for death or injury to Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State Apt. # etc.

26. State Apt. # etc.

22. City & State

27. City & State

23. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**-CHG, SANDY H
-2750 N.W. 3RD AVE.
#9
-MIAMI FL 33127**

81. Name **LEE, KYOUNG S.**

82. Street Address (P.O. Box Number is Not Acceptable)
4165 NW 65th Ave.

83.

84. City **coral springs** FL 85. Zip Code **33067**

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(5), 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 607.05(2), Florida Statutes.

SIGNATURE

[Signature]

5/6/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	PSD
12.2 NAME	LEE, KYOUNG S
12.3 STREET ADDRESS	3375 PINE WALK, APT. 102
12.4 CITY & STATE	MARGATE FL 33063
12.5 TITLE	VTD
12.6 NAME	LEE, SANG S
12.7 STREET ADDRESS	3375 PINE WALK, APT. 102
12.8 CITY & STATE	MARGATE FL 33063
12.9 TITLE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY & STATE	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY & STATE	
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY & STATE	

13.1 TITLE		☐ Change ☐ Addition
13.2 NAME		
13.3 STREET ADDRESS	4165 NW 65th Ave	
13.4 CITY & STATE	coral springs, FL 33067	
13.5 TITLE		☐ Change ☐ Addition
13.6 NAME		
13.7 STREET ADDRESS	4165 NW 65th Ave	
13.8 CITY & STATE	coral springs, FL 33067	
13.9 TITLE		☐ Change ☐ Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY & STATE		
13.13 TITLE		☐ Change ☐ Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY & STATE		
13.17 TITLE		☐ Change ☐ Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY & STATE		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.05(2)(b), Florida Statutes. I further certify that the information included on this annual report or biennial report is true and accurate and that my signature shall have the same legal effect as a ready and willing signature. I am an officer or director of this corporation or the record or trustee empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

[Signature]

5/6/95 305 584-0228

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER OF FILING ON DIRECTOR