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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000068931 (3)

FILED Feb 20 1998 8:00am Secretary of State

	OSTON MAN DRY CLEAN	Mailing Address	VD.			
SUNRISE FL 33313 SUNRISE FL 33313						
					DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualified 09/29/1993	
2, Principa! F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0446623	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			C. Commons of Clause Decires	Fee Required
City & State		City & State	-		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip	Country	28 Zip	Col	untry	Trust Fund Contribution National Line State of the Park Fund Contribution Trust Fund Contribution Trust Fund Contribution Line State of the Park Fund Contribution B. This corporation owes or has paid the	Added to Fees
24	25	29	30	,	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr		1001]	10. Name and Address of New Register	
LE	E, KYONNG S			81 Name		
4165 NW 65TH AVENUE				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
CORAL SPRINGS FL 33067						
				63		
				84 City		85 Zip Code
	- 	500 1007 1500 51 11 0		<u> </u>		L 89 20000
office or i	to the provisions of Sections 607.09 registered agent, or both, in the Sta	i502 and 607.1508, Florida Sta ate of Florida. Such change w	alules, the a as authorize	bove-named cor d by the corpora	poration submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered appointment as registered
	am familiar with, and accept the obl	ligations of Section 607.0505	, Florida Sta	tutes.	solaut s-	17 - 88
SIGNATURE	Situative, I died or printer name of registored of	agent and tille I available. (NOTE: Registere	d Agen signature requ	uired when reinstating) DAT	F - 10
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1.1 TI	TLE		Change Addition
NAME	LEE, KYOUNG S		1.2 N	AME		
STREET ADDRESS	4185 NW 65TH AVENUE		1.3 S	TREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL			ITY-ST-ZIP		
TITLE	VID	☐ DELETE	2.1 Ti			Change L Addition
NAME	LEE, SANG S		2.2 N			
STREET ADDRESS	4165 NW 65TH AVENUE CORAL SPRINGS FL			TREET ADDRESS		
CITY-ST-ZIP TITLE	COPAL STAINGS TE	DELETE	2. 4 C	TITY-ST-ZIP		Change Addition
NAME	-		3.1 N			CT change CT Addition
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP	1			CITY-ST-ZIP		
TITLE		DELETE	4.1 10			Change Addition
NAME			4. 2 N	- 1		
STREET ADDRESS			4.3 S	TREET ADDRESS		
CITY-ST-ZIP	L		4.4 C	TY - ST - 21P		
TITLE	ı ··— —————————————————————————————————					
NAME		DELETE	5.1 T)	TLÉ		Change Addition
INFONE		DELETE		į.		Change Addition
STREET ADDRESS		DELETE	5.1 T) 5.2 N/	į.		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			5.1 T) 5.2 N/ 5.3 S1 5.4 Ci	AME Treet address Ty-st-zip		
STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	5.1 T) 5.2 N/ 5.3 S1 5.4 C/ 6.1 T/	AME TREET ADDRESS ITY-ST-ZIP TLE		Change Addition
STREET ADDRESS City-ST-ZIP TITLE NAME			5.1 T) 5.2 N/ 5.3 S1 5.4 C) 6.1 T) 6.2 N/	AME IREET ADDRESS ITY-ST-ZIP TLE AME		
STREET ADDRESS CITY-ST-ZIP TITLE			5.1 Ti 5.2 NV 5.3 Si 5.4 Ci 6.1 Ti 6.2 NV	AME TREET ADDRESS ITY-ST-ZIP TLE		

Thereby certify that the information supplied with this filling 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.

ones.

(844)58K-0028