SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 96 SEP -3 PM 4: 18 DOCUMENT # P93000078028 (6) SECRETARY OF STATE TALLAHASSEE, FLORIDA THE FRENCH CONNECTION DRY CLEANING AND LAUNDRY I NC. Mailing Address Principal Place of Business 3060 N.E. 12TH TERRACE 3080 N.E. 12TH TERRACE POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 3. Date Incorporated or Qualified 3a. Date of Last Report 06/30/1995 11/10/1993 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0453488 Not Applicable 26 21 \$8.75 Additional Suite, Apt #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 **\$5.00** May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 This corporation has liability for intangible tax under s. 199 032, Country Zip Yes 🔲 No Florida Statutes 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ROGERS, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 82 3060 N.E. 12TH TERRACE POMPANO BEACH FL 33064 83 85 Zip Code City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed hand of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TITLE TITLE E034 300001952453 1.2 NAME ROGERS, ROBERT D -03/20/36--01020--014 1.3 STREET ADDRESS 3060 N.E. 12TH TERRACE STREET ADDRESS ****375,00 ****375,00 POMPANO BEACH FL 33064 1 4 CITY - ST - ZIF CITY-ST-ZIP DELETE 21 TITLE TITLE 2.2 NAME ROGERS, PAMELA NAME 2 3 STHEET ADDRESS 3060 N.E. 12TH TERRACE STREET ADDRESS POMPANO BEACH FL 33064 2 4 Off Y - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 THILE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition JB 9-9-94 DELETE 51 THEF TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 tris 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

CITY-ST-ZIP

COMMON POTATES OF PRINTED HAVE OF SIGNING OFFICER OF DIRECTOR

8-26-96

429-8774