

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

FILED

Jun 23 1998 8:00am

Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P94000020769
1. Corporation Name
CARL'S CLEANERS, Inc.

Principal Place of Business
3100 CORRIE DR
ORLANDO
FL 32803

Mailing Address

2. Principal Place of Business
21 3100 CORRIE DR
State Apt #, etc
22
City & State
23 Orlando, FL
Zip Country
24 32803 25

2a. Mailing Address
26 3100 CORRIE DR.
State Apt #, etc
27
City & State
28 Orlando, FL
Zip Country
29 32803 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/14/94

4. FEI Number
59-3033047

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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: *Maura Espinal*
Signature of Registered Agent (Required when substituting)

10. Name and Address of New Registered Agent

81 Name
MAURA ESPINAL

82 Street Address (P.O. Box Number is Not Acceptable)
2100 CORRIE DR.

83

84 City
Orlando

85 Zip Code
FL 32803

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1. TITLE	P.S.			☐	☐	☐
2. NAME	ESPINAL, MAURA			☐	☐	☐
3. STREET ADDRESS	3100 CORRIE DR			☐	☐	☐
4. CITY - ST - ZIP	ORLANDO FL 32803			☐	☐	☐
5. TITLE	U.T.			☐	☐	☐
6. NAME	ESPINAL MAURA			☐	☐	☐
7. STREET ADDRESS	3100 CORRIE DR			☐	☐	☐
8. CITY - ST - ZIP	ORLANDO FL 32803			☐	☐	☐
9. TITLE				☐	☐	☐
10. NAME				☐	☐	☐
11. STREET ADDRESS				☐	☐	☐
12. CITY - ST - ZIP				☐	☐	☐
13. TITLE				☐	☐	☐
14. NAME				☐	☐	☐
15. STREET ADDRESS				☐	☐	☐
16. CITY - ST - ZIP				☐	☐	☐
17. TITLE				☐	☐	☐
18. NAME				☐	☐	☐
19. STREET ADDRESS				☐	☐	☐
20. CITY - ST - ZIP				☐	☐	☐

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an additional sheet attached to this report.

SIGNATURE: *Maura Espinal*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4000002571474
06/24/98 01086-006
\$150.00

6-23

4/11/98

CR2E034 (10/97)