PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT Sanora B. Morth Secretary of Sta	T OF STATE nam ale		
DOCUMENT # P9400 I. Corporation Name JOVAL DRY CLEANERS, INC.	0037602 (7)			
Principal Place of Business 1421 NW 47TH AVE LAUDERHILL FL 33313	Mailing Address 1421 NW 47TH AVE LAUDERHILL FL 33313		3. Date Incorporated or Qualified 05/16/1994	3a. Date of Last Report 06/21/1995
2. Principal Place of Business	2a. Mailing Address 26		4. FEI Number 65-0513046	Applied For Not Applica \$8.75 Additiona
Surie, Apt. #, etc. City & State	Suite, Apt # etc. 27 City & State		Certificate of Status Desired Election Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be Added to Fees
23 Country 24 25	29 30	Country	8. This corporation has liability for Florida Statutes Ye 10. Name and Address of New	≝ M NO
9. Name and Address of Curre GORDON, VALERIE 1421 NW 47TH AVE	in rogistered Agent	81 Name 82 Street A 83	Address (P.O. Box Number is Not Accepta	
LAUDERHILL FL 33313		84 City		FL 85 Zip Code
Pursuant to the provisions of Sections 607.05 or registered agent, or both, in the State of Fic familiar with, and accept the obligations of Sections	ction 607,0505, Florida Statutes			
SIGNATURE Signature bytes to profit that a chappened at a OFFICERS A PSVI	of additional state (ASI) For NO DIRECTORS	13. 1 1 TULE 1 2 NAME	ADDITIONS/CHANGES TO C	DEFICERS AND DIRECTORS IN 12 Change Add
NAME STREET ADDRESS CITY-ST-ZIP TITLE GORDON, VALERIE 1421 NW 47TH AVE LAUDERHILL FL 33313	DELETE	1 3 STREET ADDRESS 1 4 City - ST - ZiF 2 1 7 HLE		Change Ad

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TITLE		4 2 NAME	/ / \
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TITLE	LJ Section	5.2 NAME)
NAME:		5.3 STREET ADDRESS	
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CITY - ST - ZIP	DELETE	6 1 TIGE	
TITLE	Doctor	62 NAME 1	-05/15/9601050027
NAME		63 STREET ADDRESS	***1000.00
STREET ADDRESS	upplied with this filing is voluntarily to		for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further rate and that my signature shall have the same legal effect as if made under the same required by Chapter 607, Florida Statutes, and that my name

I do hereby certify that the information supplied with this filing is countarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or subdemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or furecor 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 or changes, or on an attachment with an address. 4-16-46

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

0447207