


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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000073792 (1)
 1. Corporation Name
EXPERT DRY CLEANING & LAUNDRY INCORPORATED



Principal Place of Business 42 NORTH OCEAN BLVD. POMPANO BEACH, FL 33062 US	Mailing Address 5705 N.W. 42 COURT BOCA RATON, FL 33496-2751 US
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3. Date Incorporated or Qualified 10/03/1994	3a. Date of Last Report 04/29/1996
4. FEI Number 65-0520833	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4205 NW 58 Lane Suite, Apt. #, etc. 22 City & State 23 BOCA RATON FL Zip 24 33496	2a. Mailing Address 26 4205 NW 58 LANE Suite, Apt. #, etc. 27 City & State 28 BOCA RATON FL Zip 29 33496	Country 25 U.S.A.	Country 30 U.S.A.
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9. Name and Address of Current Registered Agent
**ON NEI CHENG, ANNIE
 5705 NORTHWEST 42 COURT
 BOCA RATON FL 33496**

10. Name and Address of New Registered Agent
 81 Name **ON NEI CHENG, ANNIE**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **4205 NW 58 LANE**
 84 City **BOCA RATON** 85 Zip Code **FL 33496**

11. Pursuant to the provisions of Sections 607.002 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 I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **ANNIE ON NEI CHENG.** **4/18/97**
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ON NEI CHENG, ANNIE	1.2 NAME	
STREET ADDRESS	5705 NORTHWEST 42 COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33496	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	900002156189
CITY - ST - ZIP		6.4 CITY - ST - ZIP	-04/28/97--01020--036
			***165.00

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE: *[Signature]* **ANNIE ON NEI CHENG.** **4/18/97** **561-241-8017**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)