

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082668 (2)

1. Corporation Name

PARADISE DRY CLEANERS V, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
877 EXECUTIVE CENTER DR. WEST
SUITE 303
ST. PETERSBURG FL 33702
877 EXECUTIVE CENTER DR. WEST
SUITE 303
ST. PETERSBURG FL 33702

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 11/10/1994 3a. Date of Last Report
4. FEI Number 59-3278115 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MASCARA, ERNEST L
877 EXECUTIVE CENTER DR. WEST
SUITE 303
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Ernest L Mascara* (NOTE: Registered Agent signature required when resigning) DATE 3/2/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	D/P/S/T ☒ Change ☐ Addition
NAME	MASCARA, ERNEST L	1.2 NAME	Dane Marshlack
STREET ADDRESS	877 EXECUTIVE CENTER DR. WEST, #303	1.3 STREET ADDRESS	4731 66th Street North
CITY-ST-ZIP	ST. PETERSBURG FL 33702	1.4 CITY-ST-ZIP	St. Petersburg, Florida
TITLE		2.1 TITLE	D/V ☒ Change ☐ Addition
NAME		2.2 NAME	Dan Marshlack
STREET ADDRESS		2.3 STREET ADDRESS	10355 Paradise Blvd., #104
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Treasure Island, FL
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(3)(a), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dane G. Marshlack* 2/13/95 (813) 791-1390