

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tawana B. McArthur
Secretary of State
Tallahassee, FL 32399-0001

**APPROVED
AND
FILED**

55 MAY -1 AM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086268 (7)

1. Corporation Name

DADE BROWARD CLEANERS, INC.

Principal Place of Business
**3970 SW 40TH AVENUE
PEMBROKE PARK FL 33169**

Mailing Address
**3970 SW 40TH AVENUE
PEMBROKE PARK FL 33169**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified		3a. Date of Last Report	
21		2b		12/05/1994			
22 State Apt # etc		27 State Apt # etc		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0940206		Not Applicable	
24		25		29		30	
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5. Certificate of Status (Required)	☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes.	☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**GREGORY, MARJORIE
3970 SW 40TH AVENUE
PEMBROKE PARK FL 33169**

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 607.01(1)(c) and 607.01(5)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 607.01(5)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Typed Name of Registered Agent)

Signature of Registered Agent (Typed Name of Registered Agent)

WIT

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	D GREGORY, MARJORIE	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	410 NW 214TH STREET	2. STREET ADDRESS	
3. CITY & STATE	MIAMI FL	3. CITY & STATE	
4. NAME	D GREGORY, NICOLA	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	410 NW 214TH STREET	5. STREET ADDRESS	
6. CITY & STATE	MIAMI FL	6. CITY & STATE	
7. NAME	D GREGORY, PAULA	7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS	410 NW 214TH STREET	8. STREET ADDRESS	
9. CITY & STATE	MIAMI FL	9. CITY & STATE	
10. NAME	D GREGORY, SIMONE	10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	410 NW 214TH STREET	11. STREET ADDRESS	
12. CITY & STATE	MIAMI FL	12. CITY & STATE	
13. NAME	D GREGORY, PAUL	13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS	410 NW 214TH STREET	14. STREET ADDRESS	
15. CITY & STATE	MIAMI FL	15. CITY & STATE	
16. NAME		16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY & STATE		18. CITY & STATE	
19. NAME		19. NAME	☐ Change ☐ Addition
20. STREET ADDRESS		20. STREET ADDRESS	
21. CITY & STATE		21. CITY & STATE	

14. I hereby certify that the information supplied with this filing is completely true and correct, and qualify for the registration stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information submitted on this annual report or biennial 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 this corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a if changed, or on an attachment with an address.

SIGNATURE:

Marjorie Gregory
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/28/95 (305)
789-6716
Toll-free Phone #