

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000086268 (7)

1. Corporation Name

DADE BROWARD CLEANERS, INC.



Principal Place of Business

Mailing Address

3970 SW 40TH AVENUE  
PEMBROKE PARK FL 33169

3970 SW 40TH AVENUE  
PEMBROKE PARK FL 33169

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 3970 SW 40TH AVENUE

27 3970 SW 40TH AVENUE

23 City & State

28 City & State

23 PEMBROKE PARK, FL

28 PEMBROKE PARK, FL

24 Zip

25 Country

29 Zip

30 Country

24 33023

25 USA

29 33023

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
12/05/1994

3a. Date of Last Report  
05/01/1995

4. FEI Number

65-0540206

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

10. Name and Address of New Registered Agent

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

81 Name

GREGORY, MARJORIE

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

3970 SW 40TH AVENUE

83

84 City

PEMBROKE PARK

FL

85 Zip Code

33023

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 *Marjorie Gregory* MARJORIE GREGORY

06/22/96

Signature typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME GREGORY, MARJORIE  
STREET ADDRESS 410 NW 214TH STREET  
CITY - ST - ZIP MIAMI FL

TITLE D  
NAME GREGORY, NICOLA  
STREET ADDRESS 410 NW 214TH STREET  
CITY - ST - ZIP MIAMI FL

TITLE D  
NAME GREGORY, PAULA  
STREET ADDRESS 410 NW 214TH STREET  
CITY - ST - ZIP MIAMI FL

TITLE D  
NAME GREGORY, SIMONE  
STREET ADDRESS 410 NW 214TH STREET  
CITY - ST - ZIP MIAMI FL

TITLE D  
NAME GREGORY, PAUL  
STREET ADDRESS 410 NW 214TH STREET  
CITY - ST - ZIP MIAMI FL

TITLE D  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marjorie Gregory* MARJORIE GREGORY

06/22/96

(954) 989-6716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)