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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P94000091319 (1) DOCUMENT # KHS CLEANING CORPORATION Principal Place of Business Mailing Address 7854 IRLO-BRONSON MEM HWY. 7854 IRLO-BRONSON MEM HWY. KISSIMEE FL 34747 KISSIMEE FL 34747 US 3. Date Incorporated or Qualified 3a. Date of Last Report 12/19/1994 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 851 Salada 21 59-3283310 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 5cm2no 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SO, KYUNG H Address (P.O. Box Number is Not Acceptable Bronson 82 7854 IHO-BRONSON MEMORIAL HWY. KISSIMEE FL 34747 83 84 1951m BC 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Systion 607.0505, Florida Statutes. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 12. FICERS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE Change Add-tion SO, KYUNG-HO Kyung-Ho NAME 1.2 NAME 851 saledo Dr. 901 S. GOLDWYN AVENUE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32805 CITY-ST-ZIP 1.4 CITY-ST-ZIP [] DELETE TITLE 2.11006 Change Addition 5 SO, HELEN H NAME 2.2 NAME So, Hele 481 NANTUCKET CT. #203 STREET ADDRESS 2.3 STREET ADDRESS AH SPRINGS FL 32714 CITY-ST-ZIP 2 4 CHTY-ST-ZiP TITLE DELETE ☐ Addition 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CHTY-ST-7IP 3.4 CITY - S1 - ZIP DELETE TITLE 4 1 TITLE Change ____ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-Z-P 4.4 CUTY - \$1 - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-7/P DELETE TITLE 6. 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 report of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer or director of the corporation appears in Block 12 or Block 13 if charged. with an address.

SIGNATURE:

NG OFFICER OR DIRECTOR

CR2E034 (12/95)