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**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

1006

	1996	DIVISION OF						
DOCUN 1. Corporation	Name	00044059 (0	D)					
AYANA	H'S UNIFORM, INC.				1 1881 1881 118 131 16 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	AIR ABIN AIGH	Alain Aa i ai	3 4 4
Principal Place	of Business	Mailing Address		·				
7240 SHEFFIE	ELD DR.	7240 SHEFFIELD DR.						
LAKELAND FI		LAKELAND FL 33809						
					3. Date Incorporated or Qualified 05/30/1995	3a. Date	of Last F	Report
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	L	I	pplied For
1		26			59-3322020		arrab & r	ot Applicable
Suite, Apt #	r, etc	Suite, Apt #, etc			5. Certificate of Status Desired			Additional lequired
City & State		City & State			6. Election Campaign Financing			May Be
23	1 Country	7.0	T 60		Trust Fund Contribution			to Fees
Zip :4	Country 25	Zip 29	Cour	uu y	8. This corporation has liability for Florida Statutes	intang ble ta] Yes []]	ix under s No	199 032
	9. Name and Address of Curre		130		10. Name and Address of New Re		ent	
RA	OWN, IVANHOE G			81 Name				
72	40 SHEFFIELD DR.			82 Street Add	dress (P.O. Box Number is Not Acceptab):e)	····	
LA	KELAND FL 33809		<u> </u>	83				
			ļ				TA-17-5	Code
							85 Zip	Code
11. Pursuant to	o the provisions of Sections 607 05	02 and 607.1508, Florida Sta	tutes, Ine ab	84 City ove-named corp	poration submits this statement for the pi	FL urpose of ch	l lang-ng it	s registered
office or re agent. I an SIGNATURE	o the provisions of Sections 607 05 gistered agont, or both, in the Stati n familiar with, and accept the oblig Sypasian special probabilists of the placed a	e of Florida, Such change wa gations of Section 607.0505,	lutes, me ab is authorized Florida Statu	ove-named corp by the corporat	tion's board of directors. Thereby accept	urpose of ch	langing it Iment as	s registered registered
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SIGNATURE:

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

GNATURE:

SIGNITURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

District Phase And Type Phase And Type