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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048255

1. Corporation Name

RAINBOW MID-TOWN DRY CLEANERS, INC.

Principal Plac	e of Business	Mailing Address					ia idiai Gitti AA	at Antei Aktie di	11(1) 0 (0 0 0) (0(1 0 0) (100	i Aust But indi
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TAMPA FL 33609 TAMPA FL 33609										
US						DO NOT WRITE IN THIS SPACE				
						3. Date Incorpora 06/21/1995		fed		{
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			A	oplied For
21		26				59-332817	5		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 0 - 15 - 4 - 15	A-4: Da-1	· .	\$8.75	Additional
22		27)				5. Certificate of S	tatus Desire	a 🗆 🗆	Fee Re	equired
City & Stat	ie	City & State				6. Election Camp	aign Financi	ng 🗀	\$5.00	May Be
23		28				Trust Fund Co	ntribution	" ^g 🖸	Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation	on owes the	current year	Intangible	/ 1
24	25	29	30			Personal Prop			☐ Yes	™ No
	9. Name and Address of Curren	nt Registered Agent				10. Name and Ad	idress of Ne	w Register	ed Agent	
TOLO	SADICO VINOCNIT A		ļ	81 Na	me					i i
	CARICO, VINCENT A.	•	}	82 Str	eet Addres	ss (P.QBox Number	er is Not Acc	entable)		
	I LONGBOAT BLV D.			02	503			Dr		
JAM	PA FL 33615		İ	83						
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				84 City	Ola	smar		F	L 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508. Florida Statut	tes. the ab	ove-nam	ned corpor	ation submits this s	tatement for	the purpose	of changing its	registered
office or n	egistered agent, or both, in the State	of Florida, Such change was a	authorized	by the c	orporation	's board of directors	s. I hereby ac	cept the ap	pointment as re	gistered (
							-			
agent. Ta	in latimal with, and accept the obliga	ations of, Section 607.0505, Flo	onda Statu	tes.						1
SIGNATURE					ture required w			DATE		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	E: Registered		ture required w	when reinstating)		DATE	AND DIRECTO	
	Signature, typed or printed name of registered age			Agent signal	ture required w				AND DIRECTO	DRS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE	13.	Agent signal	ture required w	when reinstating)				
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PAS TRICARICO, ANTHONY	nt and title if applicable. (NOTE	13. 1.1 TiT	Agent signal LE ME		when reinstating)				
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PAS TRICARICO, ANTHONY 5445 BAYWATER DRIVE	nt and title if applicable. (NOTE	13. 1.1 TIT 1.2 NA 1.3 STI	Agent signal LE ME REET ADDRI		when reinstating)				
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental agreed 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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if challed, or or an affactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SUEN/ZUEE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

13.289-490

Daytime Phone #

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90214 024 ***150.00

CR2E034 (11/98)