## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 10 1997 8:00am

Secretary of State

(94D 54D-2996

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address

CITY - ST - 76

DOCUMENT # P96000012886 (3)

CALIFORNIA DREAMIN CLEANING, INC.

Principal Place of Business Mailing Address 415 SW 34TH TERRACE 415 SW 34TH TERRACE CAPE CORAL FL 33914 **CAPE CORAL FL 33914-7824** 3. Date Incorporated or Qualified 3a. Date of Last Report 02/09/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3361666 21 26 Not Applicable Suite, Apt. #, etc. uite, Apt #, etc. \$8.75 Additional 冈 5. Certificate of Status Desired (bex 22 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zιρ This corporation has liability for Intangible tax under s. 199.032, Florida Statutes
 Yes
 No 24 25 29 9. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent Name PALU. KELLY D 415 SW 34TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33914 83 84 City Zip Code 85 11. Pursuant to the previsions 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 Fforida. 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 Signature, typied to printed name of registered agen, and tite it applicable (NOTE Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)PSD DELETE TITLE 1.1 TITLE Change Addition PALU, KELLY D NAME 12 NAME 415 SW 34TH TERRACE STEEL LADORESS 1.3 STREET ADDRESS CAPE CORAL FL 33914 CHY-51-202 1.4 CITY - ST - ZIP VT DELETE TITLE 2.1 TITLE Change Addition PALU, MARK A NAM: 2.2 NAME 415 SW 34TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL 33914 CHY-S1-ZIP 2.4 CITY-ST-ZIP DELETE TELLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY - ST - ZIP 3.4 CITY-ST-ZIP DELETE Change Addition DECE 4.1 TITLE MAV: 4. 2 NAME STREET ADDRESS. 4.3 STREET ADDRESS CITY - \$1 - 202 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STHEET ASSESS 5.3 STREET ADDRESS CiTY - \$1 - 71P 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

information inclicated 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 607, Florida Statutes; and that my name

14. I do hereby cert by 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