

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000027891 (6)

1. Corporation Name
AMERICLEAN DRYCLEANING CORP.

Principal Place of Business

8221-11 GLADES ROAD
BOCA RATON FL 33434

Mailing Address

8221-11 GLADES ROAD
BOCA RATON FL 33434-4021

FILED
Jun 05 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1815 NW 2 Ave		26 1815 NW 2 Ave		03/29/1996		NA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65 065 542		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 BOCA RATON, FLA		28 BOCA RATON FLA		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24 33432		29 33432		30 W. Palm Beach		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Country		Country		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 W. Palm Beach		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				81 Name HARVEY KLEINMAN 82 Street Address (P.O. Box Number is Not Acceptable) 1815 NW 2 Ave 83 84 City BOCA RATON FL 33432			

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, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: HARVEY KLEINMAN Pres. 4/26/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PSD	KLEINMAN, HARVEY		1.1 TITLE			
NAME	8221-11 GLADES ROAD			1.2 NAME			
STREET ADDRESS	BOCA RATON FL 33434			1.3 STREET ADDRESS	1815 NW 2 Ave.		
CITY-ST-ZIP	BOCA RATON FL 33434			1.4 CITY-ST-ZIP	BOCA RATON FLA 33432		
TITLE	TD	KLEINMAN, BONNIE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	8221-11 GLADES ROAD			2.2 NAME			
STREET ADDRESS	BOCA RATON FL 33434			2.3 STREET ADDRESS	1815 NW 2 Ave		
CITY-ST-ZIP	BOCA RATON FL 33434			2.4 CITY-ST-ZIP	BOCA RATON FLA 33432		
TITLE	<input type="checkbox"/> DELETE			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 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 appears in Block 12 or Block 13 if changed, or in an attachment to this report.

SIGNATURE: HARVEY KLEINMAN Pres. 4/26/97

CR2E034 (9/96)