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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 16 1997 8:00am Secretary of State

| Principa! Plac | RMINT CLEANER INC. | Mailing Address | 178 CANYON LAKE CIRCLE | | | | | |
|---|--|--|---|--|--|--------------|--------------------------------------|--|
| | | | | | 3. Date Incorporated or Qualified 04/11/1996 | 3a. Dal | te of Last R | eport |
| 2. Principal I | Place of Business | 2a. Mailing Address | | | 4. FEI Number 29_22 | 3/63 | ? Ac | plied For |
| 21 1239 | 7 5outh O.B. T. | 26 | | | 69-22-72-77 | 2/00 | , , | t Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 A | Additional |
| 22 City & Sta | ille . | City & State | | | 6. Election Campaign Financing | | \$5.00 | |
| | ndo, Florida | 28 Flonda | | | Trust Fund Contribution | | | may be to Fees |
| Zφ | Country | Zip | Cou | ıntry | 8. This corporation has liability for | | | . 199.032, |
| 24 328 | 37 25 Oyange 9. Name and Address of Curre | 29 | 30 | | Florida Statutes 10. Name and Address of New Re | | No | · |
| en. | AH, BIPIN R | ant negistered Agent | | 81 Name | IU, Mallie and Address of Mark He | - Aletelen v | Agust | |
| 787 | 78 CANYON LAKE CIRCLE | | | 82 Street Add | iress (P.O. Box Number is Not Accepta | hia) | | |
| ORLANDO FL 32835-8201 | | | | oz Silber Aud | iress (F,O. Box Normber is Not Accepta | | | |
| | | | | 83 | | | | |
| | _ | | | 84 City | | FL | 85 Zip | Code |
| | registeres tigent, or call in into state | re of Florida. Slich chande wa | as authoriza | d by the corpora | tion's board of directors. I bereby acce | nt the appo | ointment as | realsterea |
| agent. I | am familiar with, and accept the obli | | | d by the corporal tutes. d Agent signature requ | | DATE | | |
| SIGNATURE | Signaturi, typica or printed name of rigistared a OFFICERS Al | igent and title diapplicable. (I | NOTE. Registere | d Agent signature requ | | DATE | DIRECTOR | RS IN 12 |
| SIGNATURE 12. IIILE | Signature, typed or printed came of sugistioned a OFFICERS AI | gent and title if applicable. (I | NOTE. Registere 13. | d Agent signature requ | uired when reinstating) | DATE | | |
| SIGNATURE 12. UILE NAME | Signature, typical or present course of hygisterind a OFFICERS AI D SHAH, BIPIN R | gont and tale if applicable. (I ND DIRECTORS DELETE | 13. 1.1 T | d Agent signature requ TLE | uired when reinstating) | DATE | DIRECTOR | RS IN 12 |
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| SIGNATURE 12. JULE NAME STREET ADDRESS | OFFICERS AT OFFICERS AT D SHAH, BIPIN R 7878 CANYON LAKE CIRCLE | gont and tale if applicable. (I ND DIRECTORS DELETE | 13. 1.1 Ti 1.2 N 1.3 S | d Agent eignature requirement of the state o | uired when reinstating) | DATE | DIRECTOR | RS IN 12 |
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