

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Sep 23 1997 8:00am  
 Secretary of State

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P96000054997 (7)**  
 1. Corporation Name  
**JOE'S CLEANERS, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>151 N. ORLANDO AVE.<br/>         #135<br/>         WINTER PARK FL 32789</b> | Mailing Address<br><b>151 N. ORLANDO AVE.<br/>         #135<br/>         WINTER PARK FL 32789</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |   |   |  |
|---|---|---|--|
| 3. Date Incorporated or Qualified<br><b>06/27/1996</b>      |   | 3a. Date of Last Report<br>-  |  |
| 2. Principal Place of Business<br><b>21 1057 N.E.R. 470</b> | 2a. Mailing Address<br><b>26 P.O. BOX 207</b> | 4. FEI Number<br><b>09-344288</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 22 Suite, Apt. #, etc.                                      | 27 Suite, Apt. #, etc.                        | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75</b> Additional Fee Required                  |
| 23 City & State<br><b>Lake Park, FL</b>                     | 28 City & State<br><b>Lake Park, FL</b>       | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees                     |
| 24 Zip<br><b>32789</b>                                      | 25 Country<br><b>Sumter</b>                   | 29 Zip<br><b>32789</b>  | 30 Country<br><b>Sumter</b>                            |

|  |  |  |                             |
|--|--|--|-----------------------------|
| 9. Name and Address of Current Registered Agent<br><b>BERMAN, JED<br/>         180 S. KNOWLES AVE.<br/>         WINTER PARK FL 32789</b> |  | 10. Name and Address of New Registered Agent                                       |                             |
|  |  | 81 Name<br><b>JOSEPH UPATHAM</b>   |                             |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>151 N. ORLANDO AV.</b> |                             |
|  |  | 83<br><b>UNIT 135</b>  |                             |
|  |  | 84 City<br><b>WINTER PARK FL</b>   | 85 Zip Code<br><b>32789</b> |

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, or 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **JOSEPH UPATHAM, President** DATE **9/16/97**

| 12. OFFICERS AND DIRECTORS            |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: |  |
|---------------------------------------|--|--|--|
| TITLE <input type="checkbox"/> DELETE |  | 1.1 TITLE<br><b>P.</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                  |  | 1.2 NAME<br><b>JOSEPH UPATHAM</b>                      |  |
| STREET ADDRESS                        |  | 1.3 STREET ADDRESS<br><b>151 N. ORLANDO AV. #135</b>   |  |
| CITY-ST-ZIP                           |  | 1.4 CITY-ST-ZIP<br><b>WINTER PARK, FL 32789</b>        |  |
| TITLE <input type="checkbox"/> DELETE |  | 2.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                  |  | 2.2 NAME   |  |
| STREET ADDRESS                        |  | 2.3 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                           |  | 2.4 CITY-ST-ZIP  |  |
| 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 on an attachment with an address.

CR2E034 (4/97)