

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

**FILED**

**Mar 11 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000065264 (9)**

**1. Corporation Name  
DAIHAN CORP.**



Principal Place of Business

Mailing Address

**% CRAFT CLEANERS DAIHAN CORP.  
304 N. EGLIN PARKWAY  
FT. WALTON BEACH FL 32547**

**% CRAFT CLEANERS DAIHAN CORP.  
304 N. EGLIN PARKWAY  
FT. WALTON BEACH FL 32547-2880**

**3. Date Incorporated or Qualified  
08/05/1996**

**3a. Date of Last Report  
8/6/96**

**2. Principal Place of Business**

**2a. Mailing Address**

**21 Same as above**

**26 Same as above**

**4. FEI Number  
59-3402597**

Applied For  
 Not Applicable

**22 City & State**

**27 City & State**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**23 Zip**

**Country**

**28 Zip**

**Country**

**6. Election Campaign Financing Trust Fund Contribution**

**\$5.00 May Be Added to Fees**

**24**

**25**

**29**

**30**

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**KOVACH, SUSAN  
304 N. EGLIN PARKWAY  
FT. WALTON BEACH FL 32547**

**81 Name**

**Unchanged**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84 City**

**FL**

**85 Zip Code**

**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: Susan Kovach, Susan Kovach, President**

**DATE: Mar. 7, 97**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE: President**  DELETE  
**NAME: Susan Kovach**  
**STREET ADDRESS: 2064 Pritchard Point Drive**  
**CITY-ST-ZIP: Navarre, FL 32566**

**1.1 TITLE:**  Change  Addition  
**1.2 NAME:**  
**1.3 STREET ADDRESS:**  
**1.4 CITY-ST-ZIP:**

**TITLE: Vice President**  DELETE  
**NAME: John R. Kovach**  
**STREET ADDRESS: 2064 Pritchard Point Dr.**  
**CITY-ST-ZIP: Navarre, FL 32566**

**2.1 TITLE:**  Change  Addition  
**2.2 NAME:**  
**2.3 STREET ADDRESS:**  
**2.4 CITY-ST-ZIP:**

**TITLE:**  DELETE  
**NAME:**  
**STREET ADDRESS:**  
**CITY-ST-ZIP:**

**3.1 TITLE:**  Change  Addition  
**3.2 NAME:**  
**3.3 STREET ADDRESS:**  
**3.4 CITY-ST-ZIP:**

**TITLE:**  DELETE  
**NAME:**  
**STREET ADDRESS:**  
**CITY-ST-ZIP:**

**4.1 TITLE:**  Change  Addition  
**4.2 NAME:**  
**4.3 STREET ADDRESS:**  
**4.4 CITY-ST-ZIP:**

**TITLE:**  DELETE  
**NAME:**  
**STREET ADDRESS:**  
**CITY-ST-ZIP:**

**5.1 TITLE:**  Change  Addition  
**5.2 NAME:**  
**5.3 STREET ADDRESS:**  
**5.4 CITY-ST-ZIP:**

**TITLE:**  DELETE  
**NAME:**  
**STREET ADDRESS:**  
**CITY-ST-ZIP:**

**6.1 TITLE:**  Change  Addition  
**6.2 NAME:**  
**6.3 STREET ADDRESS:**  
**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.**

**SIGNATURE: Susan Kovach**

**DATE: March 7, 97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DATE RECEIVED

CR2E034 (9/96)