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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000065264**1. Corporation Name

DAIHAN CORP.

Principal Place	of Business	Mailing Address	ng Address					· · · · · · · · · · · · · · · · · · ·	
% CRAFT CLEANERS DAIHAN CORP. % CRAFT CLEANERS DAIHAN			I CORP.						
304 N. EGLIN PARKWAY		304 N. EGLIN PARKWAY				DO NOT WRITE IN THIS SPACE			
FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 3254:			,						
						3. Date Incorporated or Qualifed 08/05/1996			
Principal Place of Business 2a. Mailing Address						4. FEI Number	-117	Applied For	1
-, .	26				59-3402597	17	Vot Applicable	ļ	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 Additional		1
–	27					5. Certifcate of Status Desired	Fee Required		
27 27 City & State City & State						6. Election Campaign Financing	\$5.00 May Be		1
23	28					Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Inta	naible		1
24	25	29 3	<u></u>	•		Personal Property Tax.	Yes	ີ⊟No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
				81	Name]
KOVACH, SUSAN									∤
304 N. EGLIN PARKWAY				82	Street A	ddress (P.O. Box Number is Not Acceptable)			
FT. WALTON BEACH FL 32547				83					1
				84	City	FL	∫85 Ziį	p Code	1
				Щ	L		hanging i	ito rogistorod	ļ
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes f Florida. Such change was autl	, the a horized	bove I by	e-named corpora	orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoin	tment as	registered	. ~
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Stati	utes					
SIGNATURE						(Uired when reinstating) DATE			}
	Signature, typed or printed name of registered agent			Agen	nt signature req	ulied when reinstating) ADDITIONS/CHANGES TO OFFICERS ANI	DIRECT	TORS IN 12	{ ĝ
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AND	Change		7
TITLE	•	C DEFET	1.1) II LE 1.2 NAME				onong		
NAME	KOVACH, SUSAN				-				2
STREET ADDRESS	2064 PRITCHARD POINT DR				ADDRESS				7000
CITY-ST-ZIP	NAVARRE FL				T-ZIP		Chann	e Addition	ļģ
TITLE	VP	☐ DELETE	2.1 TITLE				Change	e Naggingu] `
NAME	KOVACH, JOHN R		2.2 NAME		{				1
STREET ADDRESS				REET	F ADDRESS		,		}
CITY-ST-ZIP	NAVARRE FL			ITY-S	T-ZIP				1
TITLE		☐ DELETE	3.1 TITLE]		Change	e)
NAME			3.2 NAME			Service Control			
STREET ADDRESS	REET ADDRESS		3.3 STREET ADDRESS			•			1
CITY-ST-ZIP			3.4. C	ITY-S	iT-ZiP	<u>.</u>			
TITLE	DELETE			TLE			☐ Chang	e 🔲 Addition	\ .
NAME			4. 2 N	AME	ļ				1
					1				

CITY-ST-ZIP 14. I 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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

64 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

Addition

☐ Change

FILED

Mar 09, 1999 8:00 am Secretary of State

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