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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

६ - Socrelary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600078027 (5)

COMET CLEANERS INC.

Principal Principal	Place of	Business
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Mailing Address

FILED Jun 17 1997 8:00am Secretary of State



212 SOUTH FI BOYNTON BE	EDERAL HIGHWAY ACH FL 33435		DERAL HIGHWAY DH FL 33435-4928		İ		
					3. Date Incorporated or Qualified 09/19/1996	3a. Date of Last Re	port
2. Principal P	2. Principal Place of Business 2a. Mailing Address			4. FFI Number	Apr	olied For	
21	****	26			65-06666) Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.		5. Certificate of Status Dosired	□ \$8.75 A	dditional
22		27			6. Commonic of Grands Bosileo	Fee Rec	quired
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Pa
23		28	<u>.</u>		Trust Fund Contribution	☐ Added to	Fees
Zìp	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	[29]	30	1		Yes No	
001	g. Name and Address of C	urrent negistered Agent		81 Name	10. Name and Address of New Re	gisterea Agent	
	/LE, BILLY E			Name			ŀ
	5541 MARKLE ST.		82 Street Address (P.O. Box Number is Not Acceptable)				
PALM CITY FL 34990							
•				83			
*				84 City		FL 85 Zip C	ode
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 Signature, typed or printed name of registered agent and title if epiplicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	IN 12/
TITLE	0		ELETE 1.1 T	ITLE	D	Change Change	Addition
NAME	DOYLE, BILLY E		1.2 N	IAME	EBORAH DOYLE		
STREET ADDRESS	5541 MARKLE ST.		1.3 S	TREET ADDRESS	SSY S W MARKE	· Cr	[8
CITY-ST-ZIP	PALM CITY FL 34990		1.4 0	CITY-ST-ZIP	2341 SW MARKER	2010	
TITLE			ELETE 2.11	ITLE	THE TOWN CLONES	Change	Addition
NAME			2.2 N	IAME			
STREET ADDRESS			2.3 S	TREET ADDRESS			
CITY-ST-ZIP			2 4 0	CHTY-ST-ZIP			
TITLE		D	ELETE 3.1 T			☐ Change	Addition
NAME			3.2 N	IAME			.
STREET ADDRESS			3.3 S	TREET ADDRESS			
CITY-ST-ZIP			3.4. 0	CHTY-ST-ZIP			
TITLE		_ D	ELETE 4.1 T	ITEE		☐ Change	Addition
NAME			4.21	NAME			
STREET ADDRESS			4.3 S	TREET ADDRESS			
CITY-ST-ZIP	•		4.4 C	ITY-ST-ZIP			
TITLE		□ D	ELETE 5.1 T	ITLE		☐ Change	Addition
NAME			5.2 N	AME			
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP			
TITLE			ELETE 6.1 T			☐ Change	Addition
NAME			6.2 N	IAME		_ •	
STREET ADDRESS			4	TREET ADDRESS			
CITY-ST-ZIP			1	TY-ST-ZIP			
2117 01°EU			0.4 0	111 21 21			

I do hereby certify that the Information supplied with this filling 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 13 if changed, or on an attachment with an address. (561) DERONAHI