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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000079185 (0)

J & R CLEANERS OF ORLANDO, INC.

Principal Place of Business Mailing Address 2331 S. GOLDENROD ROAD 2331 S. GOLDENROD ROAD ORLANDO FL 32822-8403 ORLANDO FL 32822 3. Date Incorporated or Qualified 3a. Date of Last Report 09/23/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59*-34* Not Applicable 26 Suite, Apt. # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HARRIS, LUIS F 227 P. MAGNOLIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 203 83 ORLANDO FL 32801 City 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 than familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent a gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE Change Addition 1.1 T(T) F 1011 RAMDIHAL KHAMTA 1.2 NAME 7725 CHAPUN LANE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32818 1.4 CITY - ST - ZIP Crity - S1 - ZiP DELETE Addition 2.1 DTLE Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CHY-SI ☐ DELETE 3 1 TITLE Change Addition TITLE 3.2 NAME NAME: 3.3 STREET ADDRESS STREET ADDRESS 3.4: CITY-ST-ZIP City - St - ZIE Addition DELETE 4 1 TITLE Change TITLE NAMÉ 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY+ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CHY-SI-79 DELETE Addition Change 6.1 TITLE 11111 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

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

14. 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

SIGNATURE:

NAME

STREET ADDRESS

KALPH KAMONINI

appears in Block 12 or Block 13 if changed, or on an attachment with an address

FILED

Apr 14 1997 8:00am

Secretary of State