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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortha

Secretary & State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000099963 (6)

LIBERTY CLEANERS, INC.

Principal Place of Business Mailing Address 2412 LAND O' LAKES BLVD. 2412 LAND O' LAKES BLVD. PASCO PLAZA PASCO PLAZA LAND O' LAKES FL 34639-4907 LAND O' LAKES FL 34639 3a. Date of Last Report 3. Date Incorporated or Qualified 12/09/1996 2a. Mailing Address Applied For 2. Principa' Place of Business 4. FEI Number Not Applicable 26 21 Suite, Apt. #, etc. \$8,75 Additional Suite, Apt # etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Country Zip This corporation has liability for intangible tax under s. 199.032. Yes Z No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name arnold. Dee ann 2412 LAND O' LAKES BLVD. Street Address (P.O. Box Number is Not Acceptable) PASCO PLAZA 83 LAND 0' LAKES FL 34639 84 Zip Code City 85 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 registored 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. Lam farmed with, and accept the obligations of, Section 607.0505, Florida Statutes. Stopatore: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE arnold. Dee ann 1.2 NAME 1.AME 2412 LAND O' LAKES BLVD. PASCO PLAZA 1.3 STREET ADDRESS STREET ADDRESS LAND 0' LAKES FL 34639 1.4 CITY - ST - ZIP CITY SE-ZP ☐ Change Addition DELETE 21 TITLE THE 2.2 NAME MAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-51 Addition Change DELETE 3.1 TITLE 100 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-7IP Change Addition DELETE THEF NAME FT ADDRESS STHEET ACCORESS ST-ZIP CITY-S1-ZIP Change Addition DELETE TILLE NAMi ET ADDRESS STREET ADDRESS Y - ST- 7IP DHY SI-74 Addition DELETE Change THEF 62 NAME NAMi 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 011Y-S1-7/P

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

FILED

Apr 14 1997 8:00am

Secretary of State