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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102212 (3)

V. N. DRYCLEANING, INC.

Principal Place of Business

## **FILED** May 11 1998 8:00am Secretary of State



Mailing Address 1058 HIGHWAY ATA 1058 HIGHWAY A1A SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/12/1996 Applied For 2. Principal Place of Business 2a. Mailing Address <del>59 8422814 -</del> 59 - 342388 21 26 Not Applicable Suite, Apt. #, etc. Sulte, 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 Zip Country Country Zio 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. **X**Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NGUYEN, LOAN P.T. 1058 HIGHWAY A1A 62 Street Address (P.O. Box Number is Not Acceptable) SATELLITE BEACH FL 32937 B. 84 City 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. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition NGUYEN, LOAN P.T. NAME 1.2 NAME STREET ADDRESS 1058 HIGHWAY A1A 1.3 STREET ADDRESS CITY-ST-ZIP **SATELLITE BEACH FL 32937** 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIF DELETE 4.1 TITLE Change \_\_\_ Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREFT ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 supplimental 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 an all achiment with an address.

MILL 90 100