Feb 26, 1999 8:00 am Secretary of State 02-26-1999 90031 043 ***150.00

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

DOCUI	MENT # P9600 0	102	2212						
i. Corporation	Name RYCLEANING, INC.								
V. IV. DE	11 CLEANING, INC.						A PARTIER OF TRANSPORTED AND ARTIST RATE AND ARTIST FAIR AND ARTIST FAIR AND ARTIST FAIR AND ARTIST FAIR AND A	18118 (1818 1188)	
Principal Place	e of Business	Mai	ling Address				1 (45)(52) (10)6114 011(1 00)(1 00)	10112 11010 11301	11010 1101 1021
1058 HIGHWAY A1A 1058 HIGHWAY A1A									
SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937							DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualifed		
							12/12/1996		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Ap	plied For
21		26	26				59-3423885	No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 △	
22		27					G. Continuate of States 2.2	Fee Re	
City & State	e		City & State				6. Election Campaign Financing	\$5.00	
23		28		0	· ·		Trust Fund Contribution	Added to	o Fees
Zip	Country	<u> </u>	Zip	Count	try		8. This corporation owes the current year Int		□No
24	25	29	avad Amont	30			Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Curre	nt Kegisu	ereu Agent	1	31	Name	10. Name and Address of New Registrates	.90	
NGU	IYEN, LOAN P.T.							***	
1058 HIGHWAY A1A				18	32	Street Add	dress (P.O. Box Number is Not Acceptable)		1
SATELLITE BEACH FL 32937				8	33				
						_			
				8	34	City	FL	85 Zip C	Code ;
11. Pursuant	to the provisions of Sections 607.05	02 and 60	7.1508, Florida Statut	es, the abo	ove-	-named con	poration submits this statement for the purpose of	changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig-	of Florida	Such change was a	uthorized i	าง แ	the corporati	ion's board of directors. I hereby accept the appoi	ntment as reg	gistered
	in laminal with, and accept the oblig-	20013 01,	0000011001.0000,110	nau oluloi	Ψ.				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if	applicable. (NOTE	: Registered A	gent	l signature requir	red when reinstating) DATE		
12.	OFFICERS A	ND DIREC		13.		1	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D		☐ DELETE	1.1 TITL	E	1	1	Change Change	☐ Addition
NAME	NGUYEN, LOAN P.T.			1.2 NAM	ŧΕ				ļ
STREET ADDRESS	1058 HIGHWAY A1A			1.3 STR	EET/	ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32937				1.4 CITY-ST-ZIP			☐ Change	Addition
TITLE				2.1 TITL				спалуе	L Addition
NAME				2.2 NAM					
STREET ADDRESS						ADDRESS	•		
CITY-ST-ZIP			☐ DELETE	2. 4 CIT		r-ziP		Change	Addition
TITLE			T) nere ie	3.2 NAM				Grange	
NAME				1	_	ADDRESS	,		
STREET ADDRESS									}
CITY-ST-ZIP TITLE			☐ DELETE	3.4. CIT 4.1 TITL	_	1-212		☐ Change	Addition
			<u></u>	4. 2 NAM					_
NAME STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				4.4 CITY					
TITLE			DELETE	5.1 TITL				Change	Addition
NAME				5.2 NAM		-			
STREET ADDRESS				5.3 STR	EET,	ADDRESS			J
CITY-ST-ZIP				5.4 CITY	-ST	-ZIP			
TITLE			☐ DELETE	6.1 TITL	E			Change	☐ Addition
NAME				6.2 NAM	Œ	ļ			ł
CTDCCT ADDDCCC				6.3 STR	EET /	ADDRESS			ł

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 attacyment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS