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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000052598

ON-SITE DRAPERY CLEANING AND MORE, INC.

FILED Feb 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 901 HILLCREST RD #606 901 HILLCREST RD #606 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1997 4. FEI Number Applied For Not Applicable \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes 2 No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered, Agent Name STERN, STANLEY 901 HILLCREST RD #606 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 83 City Zip Code and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ons of Segron 607.0505, Florida Statutes. 11. Pursuant to the provisions office or registeror agent. I am famili SIGNATURE (NOTE Registered Agent signature required hen reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - \$1 - ZIP CITY-\$1-7(P DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STHEET ADDRESS STREET ADDRESS 2. 4 CiTY - ST - ZIP CITY - ST - ZIP DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 4.1 TITLE Change TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with the 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 suppliemental actual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the recover or trusted 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 organ attractions with an address.

SIGNATURE: