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

DOCUMENT # P9700084164

1. Corporation Name

ANGELS DRY CLEANERS, INC.

Principal Place of Business	Mailing Address
778 RIVERSIDE AVENUE CORAL SPRINGS FL 33071	778 RIVERSIDE AVENUE CORAL SPRINGS FL 33071
2 Principal Place of Business	2a Mailing Address

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90257 009 ***150.00

ANGLEO	DIT GELANCIO, 1110.								
Principal Place	e of Business	Ma	ailing Address					()005/100f ing cont costs of the source being of the costs of the cos	
778 RIVERSIDE CORAL SPRING			RIVERSIDE AVENUE RAL SPRINGS FL 33071					DO NOT WEITE IN THIS SPACE	
								DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualifed 09/29/1997	
2 Principal P	lace of Business	T 22	Mailing Address					4. FEI Number Applied For	
	ace of business	26	maining riddi ooo					65-0785452 Not Applicable	
Suite, Apt.	# etc	20	Suite, Apt. #, etc.					\$8.75 Additional	
22 27							5. Certificate of Status Desired Fee Required		
City & State	e	- 	City & State	-				6. Election Campaign Financing \$5.00 May Be	
23	¬¬								
Zip	Country		Zip Coun					8. This corporation owes the current year Intangible	
24	25	29		30				Personal Property Tax.	
	9, Name and Address of Current	Regis	tered Agent					10. Name and Address of New Registered Agent	
CHO	CHE IN				81	Name	•	•	
	, SUK IN				82	Street	Addre	ess (P.O. Box Number is Not Acceptable)	
	RIVERSIDE AVENUE								
COR	AL SPRINGS FL 33071				83				
	•				84	City		85 Zip Code	
			4500 FL-34- Ot-14	- 41				FL US Expenses of abording the registered	
office or re	egistered agent, or both, in the State o	f Floric	ia. Such change was a	uthorized	i by :	the corp	oration	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obligation	ons of,	Section 607.0505, Flo	rida Stat	utes.			•	
SIGNATURE	Signature, typed or printed name of registered agent	and title	it conficable (NOTE	Panietarar	Agen	t sanoture	required	d when reinstating) DATE	
12.	OFFICERS AND			13.	ı Ayen	. signature		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD		☐ DELETE	1.1 Ti	TLE			☐ Change ☐ Addition	
NAME	CHO, MYUNG JA			1.2 N	AME				
STREET ADDRESS	10088 COUNTRY BROOK RD.			1.3 \$	TREET	ADDRESS	;		
CITY-ST-ZIP	BOCA RATON FL 33428			1,4 CITY-S		Γ-ZIP			
TITLE	SD		☐ DELETE	2.1 T	TLE			☐ Change ☐ Addition	
NAME	CHO, SUK IN			2.2 NAME					
STREET ADORESS	10088 COUNTRY BROOK RD.			2.3 STREET		ADDRESS	3		
CITY-ST-ZIP	BOCA RATON FL 33428			2. 4 CITY-5		T-ZIP			
TITLE		-	DELETE	3.1 TI	TLE		1 -	Change Addition	
NAME				3.2 N	AME		1		
STREET ADDRESS				3.3 S	TREET	ADDRESS	3		
CITY-ST-ZIP				_	ITY-S	T- ZIP	1		
TITLE			☐ DELETE	4.1 Ti			1	☐ Change ☐ Addition	
NAME				4.21			1		
STREET ADDRESS				4.3 S	TREET	ADDRESS	6		
CITY-ST-ZIP	,,,,,			_	TY-S1	r-ZiP	+	The Addition	
TITLE			☐ DELETE	5.1 Ti				☐ Change ☐ Addition	
NAME	•			5.2 N		*****	,		
STREET ADDRESS						ADDRES	·		
CITY-ST-ZIP		-	E priett	6,1 T	ITY-ST	1-212	+	☐ Change ☐ Addition	
TITLE			☐ DELETE						
NAME				6.2 N					
STREET ADDRESS						ADDRES	'		
CITY-ST-ZIP				6.4 C	ITY-\$1	r-ZIP			

CITY-ST-ZIP 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 an an attachment with an address, with all other like empowered.

SIGNATURE: