FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **S05669** **(4)**

1. Corporation Name

MITCH'S DRY CLEAN EXPRESS & LAUNDRY INC.

Principal Place of Business	Mailing Address
993 UNIVERSITY DR. CORAL SPRINGS FL ~~33065~~	993 UNIVERSITY DR. CORAL SPRINGS FL 33065

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 33071 25 Country	29 Zip 33071 30 Country

3. Date Incorporated or Qualified: 10/09/1990
3a. Date of Last Report: 03/06/1995
4. FEI Number: ~~65-0227767~~ 65-0541423 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~LANEY, SCOTT~~
~~4720 N.W. 2ND AVE.~~
~~BOCA RATON FL 33431~~

10. Name and Address of New Registered Agent

81 Name: Mitch Epstein
82 Street Address (P.O. Box Number is Not Acceptable): 993 UNIVERSITY DR
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33071

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.

SIGNATURE: V.P. R.A. 4/26/96
Signature, typed or printed name of Registered Agent and Date. Required. (NOTE: Registered Agent's signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	EPSTEIN, DOROTHY	
STREET ADDRESS	6751 UNIVERSITY DR #318	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V/D	☐ Change ☒ Addition
2.2 NAME	Mitch Epstein	
2.3 STREET ADDRESS	993 University DR.	
2.4 CITY-ST-ZIP	Coral Springs FL 33071	
3.1 TITLE	~~P~~ S/D	☐ Change ☒ Addition
3.2 NAME	Lawrence Epstein	
3.3 STREET ADDRESS	993 University DR	
3.4 CITY-ST-ZIP	Coral Springs FL 33071	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attachment with an address.

SIGNATURE: V.P. Mitch Epstein 4/26/96 954-341-8520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #