

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

FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S05669** (4)

1. Corporation Name
MITCH'S DRY CLEAN EXPRESS & LAUNDRY INC.



Corrected

Principal Place of Business 993 UNIVERSITY DR. CORAL SPRINGS FL 33071 US	Mailing Address 993 UNIVERSITY DR. CORAL SPRINGS FL 33071-7048 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/09/1996	3a. Date of Last Report 05/04/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0541493	4b. Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent EPSTEIN, MITCH 993 UNIVERSITY DR CORAL SPRINGS FL 33071		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	FL	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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, DOROTHY	1.2 NAME	Dorothy Epstein
STREET ADDRESS	6751 UNIVERSITY DR #318	1.3 STREET ADDRESS	993 UNIVERSITY DRIVE
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PTC/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, MITCH	2.2 NAME	MITCH EPSTEIN
STREET ADDRESS	993 UNIVERSITY DR	2.3 STREET ADDRESS	993 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPT/SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EPSTEIN, LAWRENCE	3.2 NAME	KAREN EPSTEIN
STREET ADDRESS	993 UNIVERSITY DR	3.3 STREET ADDRESS	993 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 attachment with an address.

SIGNATURE: *MITCH EPSTEIN VP* 1/10/97 954-341-8870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)