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FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S59352

(2)

1. Corporation Name

BOYNTON DRYCLEANERS, INC.

Principal Place of Business

600 NORTH CONGRESS AVE  
DELRAY BEACH FL 33445

Mailing Address

600 NORTH CONGRESS AVE  
DELRAY BEACH FL 33445-3429



3. Date Incorporated or Qualified

06/13/1991

3a. Date of Last Report

04/02/1996

4. FEI Number

65-0271005

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FUCHS, LARRY  
590 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33411

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME RONZONI, RALPH  
STREET ADDRESS 10559 SPICEWOOD TRAIL  
CITY-ST-ZIP BOYNTON BCH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME RONZONI, PETER  
STREET ADDRESS 10559 SPICEWOOD TRAIL  
CITY-ST-ZIP BOYNTON BCH FL

2.1 TITLE ☒ Change ☐ Addition

TITLE S ☐ DELETE

NAME RONZONI, VIRGINIA  
STREET ADDRESS 10559 SPICEWOOD TRAIL  
CITY-ST-ZIP BOYNTON BCH FL

2.2 NAME 19615 SHADY PINES COURT  
2.3 STREET ADDRESS WELLINGTON FLORIDA 33414  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)