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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name S59352

(2)

BOYNTON DRYCLEANERS, INC.

Principal Place of Business 600 NORTH CONGRESS AVE DELRAY BEACH FL 33445 800 NORTH CONGRESS AVE DELRAY BEACH FL 33445 2. Principal Place of Business 2. Applied (1) 13/1991 2. Principal Place of Business 2. Applied (1) 13/1991 2. Principal Place of Business 2. Applied (1) 13/1991 2. Principal Place of Business 2. Applied (1) 13/1991 2. Principal Place of Business 2. Applied (1) 13/1991 2. Principal Place of Business 2. Applied (1) 13/1991 2. Principal Place of Business 2. Applied (1) 13/1991 3. Date Incorporated or Qualified 65-0271005 5. Certificate of Status Desired \$8.75 Acditions Fee Required City & State City	pplicable tional ed y Be ees ible o
800 NORTH CONGRESS AVE DELRAY BEACH FL 33445 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 25 Suite, Apt. #, etc. 5. Certificate of Status Desired 58.75 Addition Fee Required City & State City & State City & State 27 City & State 28 Zip Country Agplied 6. Election Campaign Financing Trust Fund Contribution Address 50.00 May 8 Trust Fund Contribution Address of Current Registered Agent FUCHS, LARRY 590 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statuses, the above-named corporation's board of directors. I hereby accept the appointment as registe agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statuses SIGNATURE SIGNATURE 1. Date Incorporation of Qualified 06/13/1991 0. Applied 6 06/13/1991 0. Not period of General Pales 06/13/1991 0. ROYAL PALM BEACH BLVD ROYA	pplicable tional ed y Be ees ible o
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City & State Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent FUCHS, LARRY 590 ROYAL PALM BEACH BLVD ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code T1. 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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE	y Be ees ible o
Trust Fund Contribution Added to Fees Zip Country Zip Country 25 29 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent FUCHS, LARRY 590 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411 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's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	ees ible D
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	112
	Addition
NAME RONZONI, RALPH 1.2 NAME	
STAEET ADDRESS 10559 SPICEWOOD TRAIL 1.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BCH FL 1.4 CITY-ST-ZIP	
	Addition
NAME RONZONI, PETER 22 NAME	
STREET ADDRESS 12615 SHADY PINES CT. 2.3 STREET ADDRESS .	
CITY-ST-ZIP WELLINGTON FL 2.4 CITY-ST-ZIP	
	Addition
NAME RONZONI, VIRGINIA 32 NAME	
STREET ADDRESS 10559 SPICEWOOD TRAIL 33 STREET ADDRESS	-
CITY-ST-ZIP BOYNTON BCH FL 3.4. CITY-ST-ZIP	
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NAME 4.2 NAME	Addition
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TITLE	
TITLE DELETE 5.1 TITLE Change At NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP	Addition

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 on an attachment with an address.

CIGNATURE.

FILED

Feb 20 1998 8:00am

Secretary of State