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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Apr 24 1998 8:00am Secretary of State

1998 DIVISION OF CORPORATIONS **DOCUMENT #** S61899 (8) VICTORIA CLEANERS, INC. Principal Place of Business Mailing Address 2488 S E 58TH AVE 2488 S E 58TH AVE OCAALA FL 34471 OCAALA FL 34471 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1991 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3073166 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 6. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LAPAILLE, JOHN 5102 SE 8TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34471** 83 City 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 hon reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE NAME LAPAILLE, JOHN 1.2 NAME 5102 SE 8TH STREET STREET ADDRESS 1.3 STREET ADDRESS OCALA FL 1.4 CITY-ST-ZIP CATY-ST-ZAP DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS CITY - ST- ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 51 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the Information supplied with this filling 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 frustee 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:

Throloppille JOHN R. LAPAILLE 4/16/98 (354624-9094