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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$78424

(6)

SHERIDAN CLEANERS, INC.

Mailing Address

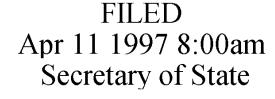
2a. Mailing Address

5331 SHERIDAN ST. HOLLYWOOD FL 33021

Principal Place of Business

2. Principal Place of Business

5331 SHERIDAN ST. HOLLYWOOD FL 33021-3342





3a. Date of Last Report

04/25/1996

3. Date Incorporated or Qualified

09/05/1991

4. FEI Number

2. Principal Place of Business			28. Mailing Address				4. 1	FEI Number		Ap	plied For	
21			26				Ш	65-0285564		No.	t Applicable	
Suite, Apt. #, etc 22			Suite, Apt. #, etc.				5.	Certificate of Status Desired	X	\$8.75 A Fee Re		
	City & State			City & State				Election Campaign Financing		\$5,00	May Re	
23			28					Trust Fund Contribution		Added to		
Zip	Countr	У	Zip		Country	· · · · · · · · · · · · · · · · · · ·	8.	This corporation has liability for	intangible i	ax under s.	199.032	
24	25 29 30					Florida Statutes X Yes No						
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
DEL ROSSI, DAMON L.						81 Name						
5331 SHERIDAN ST.						82 Street Address (P.O. Box Number is Not Acceptable)						
HOLLYWOOD FL 33021						83						
											ĺ	
						City				85 Zip C	Code	
									FL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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												
algivation:	Skip atons, typical or portion carn	e of registered agent and to	lle flappicable.	(NOTE Reg	stered Ape	ni signature requir			DATE			
12,	C	FFICERS AND DIR			13.		A	DDITIONS/CHANGES TO OFFI	CERS AND			
TITLE	P		DE	LETE	1.1 TITLE	İ				L Change	Addition	
NAME	DEL ROSSI, DAMO				1,2 NAME						}	
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NAME					2.2 NAME						ļ	
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NAME				1	62 NAME	1				•	{	
STREET ADDRESS				L	6.3 STREET	ADDRESS]	
CITY - ST ZIP					6.4 CITY-S	ì					1	
14 Ldo here	by certify that the inform	ation supplied with	this filing does	not qualify for	r the eye	motion stated	in Sec	ction 119.07(3)(i), Florida Statute	s. I further	certify that	the	
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.												