

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S80035** (6)

1. Corporation Name

CORAL GABLES DRY CLEANING, INC.



Principal Place of Business

250 MINORCA AVENUE
CORAL GABLES FL 33134

Mailing Address

250 MINORCA AVENUE
CORAL GABLES FL 33134

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**FINAN, THOMAS P.
330 ALHAMBRA CIRCLE
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified
09/13/1991

3a. Date of Last Report
05/01/1995

4. FIC Number
65-0299608

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 not liable for intangible tax under s. 195.032, Florida Statutes Yes No

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 607.0112 and 607.1305, Florida Statutes, this office or new 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0112, Florida Statutes.

SIGNATURE

Signature of the person who is the current registered agent

Signature of the person who is the new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME
**PVP
LANCASTER, JOSEPH P.
250 MINORCA AVENUE
CORAL GABLES FL**

TITLE DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of changes, or on an attachment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)