

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:01

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S95814

(7)

1. Corporation Name

SPECIAL DELIVERY CLEANERS, INC.

Principal Place of Business

**51 NW 1ST AVE.
BOCA RATON FL 33432**

Mailing Address

**51 NW 1ST AVE.
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created

11/21/1991

3a. Date of Last Report

08/23/1994

4. FEI Number

65-0306387

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 190.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

2b. Mailing Address

26

State, Apt. # etc

State, Apt. # etc

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARINACCI, JOSEPH E.
61 SW 9TH TERR.
BOCA RATON FL 33486**

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 607.0501 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

N/A

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1

**D
MARINACCI, JOSEPH E.
61 SW 9TH TERR.
BOCA RATON FL**

13.1

**1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP**

☐ Change ☐ Addition

12.2

**D
MARINACCI, JUDY
61 SW 9TH TERR
BOCA RATON FL**

13.2

**1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP**

☐ Change ☐ Addition

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

13.3

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

13.4

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

13.5

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

13.6

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032, Florida Statutes. I further certify that the information submitted on this annual report or supplemental statement 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 registered agent designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 and Block 13. I am a resident of the State of Florida.

SIGNATURE:

J. Marinacci

J. MARINACCI

4/29/95 (407) 391-1662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

