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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name V61891

(0)

FILED Jan 29 1998 8:00am Secretary of State

ACTION DRY CLEANING & DELIVERY SERVICE, INC. Mailing Address Principal Place of Business 3750 E INDUSTRIAL WAY P.O BOX 11176 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33419 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/04/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0355899 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 ☐ Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CACOILO, FERNANDO 3750 E INDUSTRIAL WAY Street Address (P.O. Box Number is Not Acceptable) RIVIERA BEACH FL 33404 Çity Zip Code 85 FI 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 required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Сћапре TITLE 1.1 TITLE CACOILO, FERNANDO J. NAME 1.2 NAME 7382 CENTRAL IND DR STREET ADDRESS 1.3 STREET ADDRESS RIVIERA BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP ☐ DELETE Change Addition TITLE 41 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST- ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP

14. I hereby 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 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 chapged, or on an attachment with an address.

SIGNATURE: