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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

V67028

(3)

DENIM & LACE CLEANERS, INC.								
Principal Place o	of Business	Mailing Address			***************************************		CIBIN DIDÎN	91841 919 11 185 1
JACKSONVILL	SITY BOULEVARD N LE FL 32277	3533 UNIVERSITY BOL JACKSONVILLE FL -98 1						
US					3, Date Incorporated or Qualified 09/28/1992	3a. Date o	/26/199)5
2. Principal Pla∉	ce of Business	2a. Mailing Address 26			4. FEI Number 59-3143886			pplied For lot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional lequired
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country 25	^{Zip} 32277	Coun	ry		s 🗌 No		199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Registered A	gent	
				Name				
Paul, Herman S. 2468 atlantic Boulevard			82		ress (P.O. Box Number is Not Accepta	able)		
	NVILLE FL 32207		;	33				
			-	34 City		FL	85 Zip	Code
or registers								
familiar witi SIGNATURE	o the provisions of Sections 607.056 dagent, or both, in the State of Fide the state of Figer or printed name of registered agreement.	otion 607.0505, Florida Statutes		gent signature require		DATE		
familiar with	n, and accept the obligations of, Se Signature, typed or printed name of registered ago OFFICERS A	otion 607.0505, Florida Statutes ont and tile if applicable. ND DIRECTORS	DTE: Registered /	gent signature require	od wher reinstatings ADDITIONS/CHANGES TO OF	FICERS AND		
familiar with SIGNATURE 12. TITLE	n, and accept the obligations of, Se Signature, typed or printed name of registered age OFFICERS A	ont and the if applicable. ND DIRECTORS DELETE	13. 1.1 Til	gant signature require		FICERS AND	DIRECTO Change	RS IN 12
familiar with SIGNATURE 12. TITLE NAME	n, and accept the obligations of, Se Signature, typed or printed name of registered age OFFICERS A PD VAN DE WARKER, TRAUTE	ont and the if applicable. ND DIRECTORS DELETE	DTE: Registered A 13. 1. 1 TU 1.2 NA	gent signature require		FICERS AND		
familiar with SIGNATURE 12. ITTE NAME STREET ADDRESS	on, and accept the obligations of, Se Signature, typed or printed name of registered age OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N	ont and the if applicable. ND DIRECTORS DELETE	13. 1. 1 TO 1.3 SIF	gant sgnature require LE AE EET ADDRESS		FICERS AND		
familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	e, and accept the obligations of, Se Signature, typed or printed name of registered ag- OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N JACKSONVILLE FL	ont and the if applicable. ND DIRECTORS DELETE	13. 1. 1 TO 1.3 SIF	gant signature require LE ME EET ADDRESS (-ST-ZIP		FICERS AND		
familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	sgravure, typed or printed name of registered age OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N JACKSONVILLE FL	ort and the Happicable. (NC ND DIRECTORS DELETE DELETE	13. 1.1 TU 1.3 STF	gant signature require LE ME EET ADDRESS (-ST-ZIP LE		FICERS AND] Change	☐ Addition
familiar with SIGNATURE 12. 1111 E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	e, and accept the obligations of, Se Signature, typed or printed name of registered ag- OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N JACKSONVILLE FL	ort and tile if applicable. ND DIRECTORS DELETE DELETE	13. 1.1 TU 1.2 NAI 1.3 STF 1.4 CIT 2.1 TU 2.2 NA	gant signature require LE ME EET ADDRESS (-ST-ZIP LE		FICERS AND] Change	☐ Addition
familiar with SIGNATURE SITE SITE NAME SITE ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	p, and accept the obligations of, Se Signature, typed or printed name of registered ag- OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N JACKSONVILLE FL STD VAN DE WARKER, DONALL	ort and the Happicable. (MC ND DIRECTORS DELETE DELETE	13. 1.1 TU 1.2 NAI 1.3 STF 1.4 CIT 2.1 TU 2.2 NA 2.3 STI 2.4 CIT 2.4 CIT 2.4 CIT 2.4 CIT 2.5 CIT 2.5 CIT 2.7 C	gant signature require LE AE EET ADDRESS (-ST-ZIP LE AE EET ADDRESS y-ST-ZIP		FICERS AND] Change	☐ Addition
familiar with SIGNATURE 12. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	p, and accept the obligations of, Se Signature, typed or printed name of registered ag- OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N JACKSONVILLE FL STD VAN DE WARKER, DONALL 3533 UNIVERSITY BLVD N	ort and tile if applicable. ND DIRECTORS DELETE DELETE	13. 1.1 TU 1.2 NA 1.3 SIF 1.4 CIT 2.1 TU 2.2 NA 2.3 STI 2.4 CIT 3.1 TU	gent signature require LE AE EET ADDRESS (-ST-ZIP LE AE EET ADDRESS (-ST-ZIP) LE LE LE LE LE LE LE LE LE L		FICERS AND] Change	☐ Addition
familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	p, and accept the obligations of, Se Signature, typed or printed name of registered ag- OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N JACKSONVILLE FL STD VAN DE WARKER, DONALL 3533 UNIVERSITY BLVD N	ort and the Happicable. (MC ND DIRECTORS DELETE DELETE	13. 1.1 TII 1.2 NAI 1.3 STF 1.4 CIT 2.1 TII 2.2 NA 2.3 STI 2.4 CIT 3.1 TI 3.2 NA	gent signature require LE AE EET ADDRESS (-ST-ZIP LE AE EET ADDRESS (-ST-ZIP LE AE AE AE AE AE		FICERS AND] Change	☐ Addition
familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	p, and accept the obligations of, Se Signature, typed or printed name of registered ag- OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N JACKSONVILLE FL STD VAN DE WARKER, DONALL 3533 UNIVERSITY BLVD N	ort and the Happicable. (MC ND DIRECTORS DELETE DELETE	13. 1.1 TII 1.2 NAI 1.3 SII 1.4 CIT 2.1 TII 2.2 NA 2.3 STI 2.4 CIT 3.1 TII 3.2 NA 3.3 SI	gent signature require LE AE EET ADDRESS (-ST-ZIP LE AE EET ADDRESS (-ST-ZIP) LE AE EET ADDRESS (-ST-ZIP) LE AE AE REET ADDRESS		FICERS AND] Change	☐ Addition
familiar with SIGNATURE 12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CHY-ST-ZIP	p, and accept the obligations of, Se Signature, typed or printed name of registered ag- OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N JACKSONVILLE FL STD VAN DE WARKER, DONALL 3533 UNIVERSITY BLVD N	COLON 607.0505, Florida Statutes on and tile if applicable. (NC ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TII 1.2 NAI 1.3 SII 1.4 CIT 2.1 TII 2.2 NA 2.3 STI 2.4 CIT 3.1 TII 3.2 NA 3.3 SI	gent signature require LE AE EET ADDRESS (-ST-ZIP LE AE EET ADDRESS (-ST-ZIP) LE AE AE REET ADDRESS Y-ST-ZIP		FICERS AND] Change	☐ Addition
familiar with SIGNATURE 12. ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	p, and accept the obligations of, Se Signature, typed or printed name of registered ag- OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N JACKSONVILLE FL STD VAN DE WARKER, DONALL 3533 UNIVERSITY BLVD N	ort and the Happicable. (MC ND DIRECTORS DELETE DELETE	13. 1.1 Til 1.2 NAI 1.3 STF 1.4 CIT 2.1 Til 2.2 NA 2.3 STI 2.4 CIT 3.1 Til 3.2 NA 3.3 STI 3.4 CIT	gent signature require LE ME EET ADDRESS (-ST-ZIP LE ME EET ADDRESS (-ST-ZIP) LE ME REET ADDRESS ME REET ADDRESS (-ST-ZIP) LE ME ME REET ADDRESS (-ST-ZIP) LE ME REET ADDRESS		FICERS AND	Change Change	Addition Addition
familiar with SIGNATURE 12. ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	p, and accept the obligations of, Se Signature, typed or printed name of registered ag- OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N JACKSONVILLE FL STD VAN DE WARKER, DONALL 3533 UNIVERSITY BLVD N	COLON 607.0505, Florida Statutes on and tile if applicable. (NC ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TII 1.2 NAI 1.3 STF 1.4 CIT 2.1 TII 2.2 NA 2.3 STI 2.4 CIT 3.1 TI 3.2 NA 3.3 ST 3.4 CIT 4.1 TI 4.2 NA	gent signature require LE ME EET ADDRESS (-ST-ZIP LE ME EET ADDRESS (-ST-ZIP) LE ME REET ADDRESS ME REET ADDRESS (-ST-ZIP) LE ME ME REET ADDRESS (-ST-ZIP) LE ME REET ADDRESS		FICERS AND	Change Change	Addition Addition
familiar with SIGNATURE 12. ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	p, and accept the obligations of, Se Signature, typed or printed name of registered ag- OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N JACKSONVILLE FL STD VAN DE WARKER, DONALL 3533 UNIVERSITY BLVD N	COLON 607.0505, Florida Statutes on and tile if applicable. (NC ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TII 1.2 NAI 1.3 STF 1.4 CIT 2.1 TII 2.2 NA 2.3 STI 2.4 CIT 3.1 TI 3.2 NA 3.3 ST 3.4 CIT 4.1 TI 4.2 NA 4.3 ST	gent signature require LE ME EET ADDRESS Y-ST-ZIP LE AE EET ADDRESS Y-ST-ZIP LE AE REET ADDRESS Y-ST-ZIP LE ME ME ME ME ME ME ME ME ME		FICERS AND	Change Change Change	Addition Addition Addition
familiar with SIGNATURE 12. ITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	p, and accept the obligations of, Se Signature, typed or printed name of registered ag- OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N JACKSONVILLE FL STD VAN DE WARKER, DONALL 3533 UNIVERSITY BLVD N	COLON 607.0505, Florida Statutes on and tile if applicable. (NC ND DIRECTORS DELETE DELETE DELETE	DTE Registered / 13. 1.1 Til 1.2 NAI 1.3 STF 1.4 CIT 2.1 Til 2.2 NA 2.3 STI 2.4 CIT 3.1 Til 3.2 NA 3.3 ST 3.4 CIT 4.1 Til 4.2 NA 4.3 ST	gent signature require LE ME EET ADDRESS Y-ST-ZIP LE ME EET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME ME ME ME ME ME ME ME		FICERS AND	Change Change	Addition Addition
familiar with SIGNATURE 12. 111.E JAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	p, and accept the obligations of, Se Signature, typed or printed name of registered ag- OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N JACKSONVILLE FL STD VAN DE WARKER, DONALL 3533 UNIVERSITY BLVD N	DELETE DELETE DELETE	13. 1.1 TII 1.2 NAI 1.3 SII 1.4 CIT 2 1 TII 2 2 NA 23 STI 2.4 CIT 3.1 TI 3.2 NA 3.3 SI 3.4 CII 4.1 TI 4.2 NA 4.3 SI 4.4 CIT 4.	GONT SIGNATURE REQUIPO LE ME EET ADDRESS Y-ST-ZIP LE ME ME ME ME ME ME ME ME ME		FICERS AND	Change Change Change	Addition Addition Addition
familiar with SIGNATURE 2. ITTE JAME STREET ADDRESS STITY-ST-ZIP TITLE NAME	p, and accept the obligations of, Se Signature, typed or printed name of registered ag- OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N JACKSONVILLE FL STD VAN DE WARKER, DONALL 3533 UNIVERSITY BLVD N	DELETE DELETE DELETE	DTE Registered / 13. 1.1 TU 1.2 NAI 1.3 STF 1.4 CIT 2.1 TU 2.2 NA 2.3 STI 2.4 CIT 3.1 TU 3.2 NA 3.3 ST 3.4 CIT 4.1 TU 4.2 NA 4.3 ST 4.4 CIT 5.1 TU 5.2 NA	GONT SIGNATURE REQUIPO LE ME EET ADDRESS Y-ST-ZIP LE ME ME ME ME ME ME ME ME ME		FICERS AND	Change Change Change	Addition Addition Addition
familiar with SIGNATURE 12. 111.	p, and accept the obligations of, Se Signature, typed or printed name of registered ag- OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N JACKSONVILLE FL STD VAN DE WARKER, DONALL 3533 UNIVERSITY BLVD N	DELETE DELETE DELETE DELETE DELETE DELETE	DTE Registered / 13. 1.1 TU 1.2 NAI 1.3 STF 1.4 CIT 2.1 TU 2.2 NA 2.3 STI 2.4 CIT 3.1 TU 3.2 NA 4.3 ST 4.4 CIT 4.2 NA 4.3 ST 4.4 CIT 5.1 TU 5.2 NA 5.3 ST 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.5 TU 5.5	GONT SIGNATURE REQUIPO LE ARE EET ADDRESS (-ST-ZIP) LE ARE EET ADDRESS (-ST-ZIP) LE ARE REET ADDRESS (-ST-ZIP) LE ME REET ADDRESS (-ST-ZIP)		FICERS AND	Change Change Change Change	Addition Addition Addition Addition
familiar with SIGNATURE SIGNATURE SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	p, and accept the obligations of, Se Signature, typed or printed name of registered ag- OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N JACKSONVILLE FL STD VAN DE WARKER, DONALL 3533 UNIVERSITY BLVD N	DELETE DELETE DELETE	DTE Registered / 13. 1.1 TU 1.2 NAI 1.3 STF 1.4 CIT 2.1 TH 2.2 NA 2.3 STI 2.4 CIT 3.1 TU 3.2 NA 4.3 ST 4.4 TI 4.2 NA 4.3 ST 4.4 CIT 5.1 TU 5.2 NA 5.3 ST 5.4 CIT 6.1 TU	GONT SIGNATURE REQUIPO LE AE EET ADDRESS (-ST-ZIP) LE AE EET ADDRESS Y-ST-ZIP LE AE REET ADDRESS Y-ST-ZIP LE ME EET ADDRESS Y-ST-ZIP LE ME EET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE		FICERS AND	Change Change Change	Addition Addition Addition
familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	p, and accept the obligations of, Se Signature, typed or printed name of registered ag- OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N JACKSONVILLE FL STD VAN DE WARKER, DONALL 3533 UNIVERSITY BLVD N	DELETE DELETE DELETE DELETE DELETE DELETE	3. 1 Ti 2 NAI 2 NAI 2 NAI 2 NAI 2 STI 2 1 Til 2 NAI 2 STI 2 1 Til 2 NAI 2 STI 2 1 Til 2 NAI 2 STI 3 1 Til 3 NAI 3 STI 4 CIT 4 STI 5 NAI 5 STI 5 NAI 6 NAI 1 Til 6 NAI 6 NAI 6 NAI 6 NAI 1 Til 6 NAI 6	GONT SIGNATURE REQUIPO LE AE EET ADDRESS (-ST-ZIP) LE AE EET ADDRESS Y-ST-ZIP LE ME ME LE ME		FICERS AND	Change Change Change Change	Addition Addition Addition Addition
familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE	p, and accept the obligations of, Se Signature, typed or printed name of registered ag- OFFICERS A PD VAN DE WARKER, TRAUTE 3533 UNIVERSITY BLVD N JACKSONVILLE FL STD VAN DE WARKER, DONALL 3533 UNIVERSITY BLVD N	DELETE DELETE DELETE DELETE DELETE DELETE	3. 1 TI 3. STF 22 NA 23 STI 24 CIT 3. 1 TI 42 NA 3. STF 4. CIT 3. 1 TI 42 NA 4. STF 4. CIT 5. 2 NA 5. 3 STI 4. CIT 5. 2 NA 6. 3 STI 6. CIT 5. 2 NA 6. 3 STI 6. CIT 6. 1 TI 6. CIT	GONT SIGNATURE REQUIPO LE AE EET ADDRESS (-ST-ZIP) LE AE EET ADDRESS Y-ST-ZIP LE AE REET ADDRESS Y-ST-ZIP LE ME EET ADDRESS Y-ST-ZIP LE ME EET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE		FICERS AND	Change Change Change Change	Addition Addition Addition Addition

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-90 Date

904-744-6744 Daytone Prove #