

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 OCT -8 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V72103** (7)  
1. Corporation Name  
**MATTCO CLEANERS TWO, INC.**

Principal Place of Business  
**9841 W. GLADES ROAD  
BOCA RATON FL 33434**

Mailing Address  
**9841 W. GLADES ROAD  
BOCA RATON FL 33434**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/19/1992</b>	3a. Date of Last Report <b>12/19/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number <b>65-0363593</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	28 Zip	Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MATTHEWS, LUCILLE M 10571-B LADY PALM LANE BOCA RATON FL 33498</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	MATTHEWS, LUCILLE M 10571-B LADY PALM LANE BOCA RATON FL 33498	<input type="checkbox"/> DELETE	
EVST	MATTHEWS, KELLY M 19323 CAROLINA CIRCLE BOCA RATON FL 33434	<input type="checkbox"/> DELETE	
VP	MATTHEWS, ROBERT J III 9155 SOUTHAMPTON PLACE BOCA RATON FL 33434	<input type="checkbox"/> DELETE	
VP	MATTHEWS, KASEY M 9579 TRITON COURT BOCA RATON FL 33434	<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	

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-10/13/97-01110-007  
\*\*\*\*758.75 \*\*\*\*758.75

*A. Alan*  
10/8/97

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.

SIGNATURE \_\_\_\_\_

CR2E034 (4/97)