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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H23062

(3)

CABIN DRY CLEANERS, INC

Jan 14 1997 8:00am

State
SPORATIONS

Secretary of State



FILED

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BE DANKEN DE	ace of Business	Mailing Address			
% RANDY DAVIDSON 240 WEST AVENUE A BELLE GLADE FL 33430		% RANDY DAVIDSON 240 WEST AVENUE A BELLE GLADE FL 33430-3020			
Detail GOAD	2.12.00100	J. 100 J.	V	3. Date Incorporated or Qualified 09/27/1984	3a. Date of Last Report 01/23/1996
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		59-2512943	Not Applicabl
Suite, Ap	ot. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ale	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Zip	Country	This corporation has liability for	
4	25	29	30		Yes No
	g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent
	avidson, randy		B1) Name		
	10 WEST AVENUE A		82 Street	Address (P.O. Box Number is Not Acceptate	ole)
BELLE GLADE FL 33430					
			83		
			84 City		FL 85 Zip Code
11 Pureuar	nt to the provisions of Sections 607.05	s02 and 607 1508. Florida Statut	tes the above-name	d corporation submits this statement for the p	purpose of changing its registere
office or	r registered agent, or both, in the Sta	te of Florida, Such change was	authorized by the col	poration's board of directors. I hereby accept	of the appointment as registered
agent I	I am famil ar with, and accept the obli	gations of Section 607.0505, Fl	orida Statutes.		مسترام در ا
SIGNATURE	Janky	gent and title of applicable (NOT			1-4-97
12.		ND DIRECTORS	E: Registered Agent signatur	ADDITIONS/CHANGES TO OFFIC	
TITLE	PST	DELETE	11 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
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PERSONAL ADMINES	240 WEST AVENUE A			1	
			1.3 STREET ADDRESS		
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. For 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:

SIGNATURE AND TYPED AN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-97 561-996-2054