

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90189 009 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 665801

1. Corporation Name
QUALITY CLEANERS OF STUART, INC.

Principal Place of Business
**6395 SOUTH HEADER CANAL
 PORT ST LUCIE FL 34988**

Mailing Address
**6395 SOUTH HEADER CANAL
 PORT ST LUCIE FL 34988**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **4908 PALMETTO DR**
 Suite, Apt. #, etc.
 22
 City & State
 23 **FORT PIERCE, FL**
 Zip Country
 24 **34982** 25
 27
 City & State
 28 **FORT PIERCE, FL**
 Zip Country
 29 **34982** 30

3. Date Incorporated or Qualified
04/04/1980

4. FEI Number
59-1999638

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 owes the current year intangible Personal Property Tax Yes No

9. Name and Address of Current Registered Agent

**FATE, PATRICIA A.
 6395 SOUTH HEADER CANAL
 PORT ST LUCIE FL 34988**

10. Name and Address of New Registered Agent

81 Name
FATE, PATRICIA A.

82 Street Address (P.O. Box Number is Not Acceptable)
4908 PALMETTO DR.

83 **FORT PIERCE FL**

84 City
FL 85 Zip Code
34982

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)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	VP	
NAME	FATE, PATRICIA	
STREET ADDRESS	6395 SOUTH HEADER CANAL	
CITY-ST-ZIP	PORT ST LUCIE FL 34988	
TITLE	P	
NAME	FATE, CLARENCE P.	
STREET ADDRESS	6395 SOUTH HEADER CANAL	
CITY-ST-ZIP	PORT ST LUCIE FL 34988	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	VP	<input checked="" type="checkbox"/>	
1.2 NAME	FATE, PATRICIA		
1.3 STREET ADDRESS	4908 PALMETTO DR		
1.4 CITY-ST-ZIP	FORT PIERCE, FL 34982		
2.1 TITLE	P	<input checked="" type="checkbox"/>	
2.2 NAME	FATE CLARENCE P		
2.3 STREET ADDRESS	4908 PALMETTO DR		
2.4 CITY-ST-ZIP	FORT PIERCE, FL 34982		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99 810-492-4197
 Date Daytime Phone #

CR2E034 (11/98)