PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000078028

1. Corporation Name

Principal Place of Business 3060 N.E. 12TH TERRACE

THE FRENCH CONNECTION DRY CLEANING AND LAUNDRY I .NC.

Mailing Address

3060 N.E. 12TH TERRACE

| POMPANO BEA | ACH FL 33064 | POMPANO BEACH FL 33064 | | | DO NOT WRITE IN TH | JIS SDACE | |
|--|---|----------------------------------|----------|---------------------------------------|---|-----------------|---------------|
| | | | | | 3. Date Incorporated or Qualifed | IIG GF AGE | |
| | | | | | 11/10/1993 | | |
| | | | | | | | aliant Car |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | <u> </u> | plied For |
| 21 | · | 26 | | | 65-0453488 | | ot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| City & State City & State | | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | Trust Fund Contribution Added to Fees | | | |
| Ζίρ | Country | Zip | Coun | try | 8. This corporation owes the current year | Intangible | . / |
| 24 | 25 | 29 | 10 | | Personal Property Tax. | ☐ Yes | L No |
| -7.1 | 9. Name and Address of Curren | | | | 10. Name and Address of New Register | ed Agent | |
| | | | | 31 Name | | | |
| ROGERS, ROBERT D | | | | 20 | /D.O. Day Mymbay is Mad Assentables | | |
| 3060 N.E. 12TH TERRACE | | | ľ | Street Add | ress (P.O. Box Number is Not Acceptable) | | |
| POMPANO BEACH FL 33064 | | | 1 | 83 | | | |
| | - | | | | | | |
| | | | | 84 City FL 85 Zip Code | | | |
| 44 Purcuant | to the provisions of Sections 607.050 | 2 and 607 1508. Florida Statutes | the ah | ove-named corr | poration submits this statement for the purpose | of changing its | registered |
| SIGNATURE | Signature, typed or printed name of registered ager | | | gent signature require | on's board of directors. I hereby accept the ap | | |
| 12. | | D DIRECTORS | 13. | gent signature require | ADDITIONS/CHANGES TO OFFICERS | | RS IN 12 |
| TITLE | D | DELETE | 1,1 TITL | E [| | ☐ Change | Addition |
| NAME | ROGERS, ROBERT D | _ | | 1 | | | |
| | 3060 N.E. 12TH TERRACE | | 1.2 NAA | EET ADORESS | • | | |
| STREET ADDRESS | POMPANO BEACH FL 33064 | | | | | | |
| CITY-ST-ZIP | | C DELETE | | /-ST-ZIP | | Change | Additio |
| TITLE | <u> </u> | | 2.1 ∏∏ | | | Griange | |
| NAME | ROGERS, PAMELA | | 2.2 NAM | | | | |
| STREET ADDRESS | | | 2.3 STF | EET ADDRESS | | | |
| CITY-ST-ZIP | POMPANO BEACH FL 33064 | | | Y-ST-ZIP | | Charac | |
| TITLE | | | 3.1 TI∏ | E | | ☐ Change | ☐ Additio |
| NAME | | | 3.2 NA | KE | | • | |
| STREET ADDRESS | | | 3.3 STR | EET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CIT | Y-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITL | E | | Change | Addition |
| NAME | | | 4. 2 NA | ME | | ė | |
| STREET ADDRESS | | | 4.3 STR | EET ADDRESS | | | |
| CITY-ST-ZIP | , | | | r-ST-ZIP | | | |
| TITLE | · · · · · · · · · · · · · · · · · · · | ☐ DELETE | 5.1 TITL | | | ☐ Change | Addition |
| IIILE | | | | | | | _ |

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

4-20-99

954-444-8153

☐ Change

Addition

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90066 032 ***150.00