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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

03-11-1999 90101 007 ***150.00

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DOCUMENT # 193699

1. Corporation Name

NORTH MIAMI BEACH CLEANING & LAUNDRY INC.

Principal Place of Business Mailing Address								
2025 NE 163RD ST. NORTH MIAMI BEACH FL 33162	2025 NE 163RD ST. NORTH MIAMI BEACH FL 33	2025 NE 163RD ST. NORTH MIAMI BEACH FL 33162		DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed 07/10/1956				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For			
21	26			59-0788529	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State	-		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 24 25	Zip [3	Country 30		This corporation owes the current year Personal Property Tax.	ır Intangible XYes □No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
SHANKIN, IRVING		81	Name					
2025 N.E. 163RD STREET		82 Street Addr		Iress (P.O. Box Number is Not Acceptable)				
n. Miami Beach Fl		83						
		84	City		FL 85 Zip Code			
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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: Pa	nistered Agent signature of	equired when reinstation)	DATE			
12.	OFFICERS AND DIRECTORS	(NOTE) RE	stered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		DELETE	1.1 TITLE		☐ Change	Addition		
NAME	SHANKIN, MARVIN		1.2 NAME		•			
STREET ADDRESS	AAAR AIR AAARR AY		1.3 STREET ADDRESS					
CITY-ST-ZIP	N. MIAMI BEACH FL		1.4 CITY-ST-ZIP			_		
TITLE		DELETE	2.1 TITLE		☐ Change	Addition		
NAME	SHANKIN, VICKIE		2.2 NAME	<u>.</u>				
STREET ADDRESS	2025 NE 163 ST		2.3 STREET ADDRESS					
CITY-ST-ZIP	N MIAMI BCH, FL 00000		2. 4 CITY+ST+ZIP					
TITLE	STD	DELETE	3.1 TITLE		☐ Change	Addition		
NAME	SHANKIN, IRVING		3.2 NAME	·				
STREET ADDRESS			3.3 STREET ADDRESS			•		
CITY-ST-ZIP	N. MIAMI BEACH FL		3.4. CITY-ST-ZIP					
TITLE] DELETE	4.1 TITLE		Change	☐ Addition		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<u> </u>			
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition		
NAME			5.2 NAME	•	•			
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE] DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME			6.2 NAME		•			
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			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: