## 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** 

## DOCUMENT # 335693 1. Corporation Name

CONTINENTAL CLEANERS INC

Principal Plac	e of Business	Ma	iling Address			1 10 8100 (1100 1110) 01110 61110 6	UIBO IIII BIBII O	<b>                                    </b>	HIDH DIBNI HEB!	
798 NORTHWEST 62 STREET		798	798 NORTHWEST 62 STREET					•		
MIAMI FL 33150			MIAMI FL 33150							
						DO NOT WRI	TE IN THIS	SPACE		_
						3. Date Incorporated or Qualifed			.•	
						09/30/1968				
—	Place of Business	2a.	Mailing Address			4. FEI Number		Ap.	plied For	].
21		26				59-1234593			t Applicable	1
Suite, Apt.	#, etc.	<del> </del>	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A		
22		27						Fee Re	quired	1
City & Stat	e -	1—	City & State			6. Election Campaign Financing	[]	~~\$5.00°		
23	Country	28	7:_			Trust Fund Contribution		Added t	o Fees	4
Zip	Country	<del> </del>	Zip	Country	<i>y</i>	8. This corporation owes the curr	ent year Inta		п.,	
24	25	29	3	0		Personal Property Tax.			□No	-
	9. Name and Address of Curren	it Kegist	erea Agent	81	Name	10. Name and Address of New i	Kegisterea A	\genr		1
JAC	KSON, GLOIRA				Name					
	NW 62ND ST.			82	Street Addre	ess (P.O. Box Number is Not Accept	able)			1
	MI FL 33150-1332			83		t phalather grand which in the		en an ine a	10. 3120 1341	4
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	•			84	City	The second secon	ा अध्यात स्थिति है। जुलान स्कूली की	85 Zip C	ode	1
	14.		<u>:</u>	l			<u> </u>			_
"" office or r	to the provisions of Sections 607.050, egistered agent, or both, in the State im familiar with, and accept the obligations.	of Florida tions of, \$	a. Such change was auth Section 607.0505, Florid	norized by a Statutes	the corporations.	on's board of directors. I hereby accep	ot the appoin	tment as reg	gistered	
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: I OFFICERS AND DIRECTORS		egistered Age	nt signature required	ADDITIONS/CHANGES TO OF	DATE CICEDO ANI	DIRECTO	DC IN 12	4 3	
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1 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.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90001 028 \*\*\*150.00