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 # 434292 1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

ROSS LAUNDRY & CLEANERS, INC.

Principal Plac	e or Business	Mailing Address							
4226 20TH STREET									
VEHO BEACH	FL 32960	VERO BEACH FL 32960				DO NOT WRITE	IN THIS S	PACE	
						Date Incorporated or Qualifed		7702	
						09/05/1973			
2 Oringinal D	Hope of Business	2a. Mailing Address				4. FEI Number		1 1 4	nation For
									pplied For
21	# -1-	Suite, Apt. #, etc.				59-1483447			ot Applicable
Suite, Apt. #, etc.		⊢	27 Suite, Apt. #, etc.			5. Certifcate of Status Desired	כ		Additional equired
City & Stat	te .	City & State				6. Election Campaign Financing		\$5.00	May Be
23	•	28	28			Trust Fund Contribution	J		to Fees
Zip	Country	Zip				8. This corporation owes the current	vear Intar	aible	
24	25 29 30			Personal Property Tax.			•	Yes	□No
	9. Name and Address of Curre	11	100	I		10. Name and Address of New Reg	istered A	ent	
				81	Name				
SME	TH, DOROTHY W			Ш					
4220	6 20TH STREET		82 Stree			dress (P.O. Box Number is Not Acceptable)		ļ
VER	O.BEACH FL 32960			83					3 , 2
				84	City		FL	85 Zip	Code
dd Disessed	to the providence of Continue CO7 OF	02 and 607 1509 Florido State	utaa tha a	hav.a	named sar	neration authorite this statement for the our		opoino ita	ragiotarad
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorized lorida Stati	by to the states.	he corporat	poration submits this statement for the pur tion's board of directors. I hereby accept th	e appoint	nent as re	egistered
SIGNATURE	Signature, typed or printed name of registered agr	ant and title if applicable (NO	TE: Registered	Anent	sinnature requir	red when reinstating)	DATE		
12. OFFICERS AND DIRECTORS			13.	/ Iguil	agnotara roqui	ADDITIONS/CHANGES TO OFFIC		DIRECTO	DRS IN 12
TITLE	PD	☐ DELETE	1.1 TI	ΠF		ABBITION OF WINDEST TO CITY		Change	Addition
NAME	SMITH, REYNOLDS W.		1.2 NA				,		
				*DDD500					
STREET ADDRESS		111111111111111111111111111111111111111			ADORESS				ì
CITY-ST-ZIP	VERO BEACH FL	☐ DELETE	_	TY-ST-	- ZIP			Change	Addition
TITLE	VD	□ nere ie	2.1 TI				•	Change	Addition
NAME	SMITH, SCOTT C. 22N		_		•				
STREET ADDRESS			2.3 ST	REET	ADDRESS				ì
CITY-ST-ZIP			TY-ST	-ZIP					
TITLE	STD	☐ DELETE	3.1 TIT	ΓLE				☐ Change	☐ Addition
NAME ,	SMITH, DOROTHY W.	The state of the s		ME					ļ
STREET ADDRESS			REET/	ADDRESS					
CITY-ST-ZIP	VERO BCH. FL 32960 34.6		TY-ST	-ZIP				i	
TITLE		☐ DELETE						Change	Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP	4.4 CI		Y-ST-	ZIP					
TITLE		☐ DELETE	5.1 TIT	ΊĒ				Change	☐ Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET A	ADDRESS				
CITY-ST-ZIP	*		5.4 CI	5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 ⊞	LE		·	1	Change	Addition
NAME			6.2 NA	ME			•		_
NAME STREET ADDRESS					ADDRESS				ļ

6.4 CITY-ST-ZIP

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90010 011 ***150.00



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.