Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90036 018 ***150.00

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 # 516290

	CLEANERS II, INC.			•					
Principal Place of Business Mailing Address									
2139 SIESTA DRIVE 2139 SIESTA DRIVE SARASOTA FL 34239 SARASOTA FL 34239									
SAHASOTA FL	34239	SANASOTA FL	. 34233			DO NOT WRITE	IN THIS SPACE		
						3. Date Incorporated or Qualifed 10/13/1976			
2. Principal P	lace of Business	2a, Mailing A	ddress		 	4. FEI Number		Applied For	İ
21		26				59-1691731		Not Applicable	j
Suite, Apt.	#, etc.	Suite, Apr	#, etc.			5. Certificate of Status Desired		Additional	İ
22	27				•	5. Certificate of Status Desired	- Fee	Required	
City & Stat	e	City & Sta	ate			Election Campaign Financing Trust Fund Contribution	1 1	0 May Be d to Fees	
Zip 24	Country 25	Zip 29	30	Country		This corporation owes the currer Personal Property Tax.	it year Intangible ☐ Yes	No	
- 1	9. Name and Address of Curren	t Registered Age	nt	<u> </u>		10. Name and Address of New Re	gistered Agent		
41411	10140 F			81	Name				
	ON, LOUIS E.			82	Street Addre	ess (P.O. Box Number is Not Acceptab	e)	-	l
1510 QUAIL DRIVE			L						
SAK	ASOTA FL 34239			83					
				84	City		85 Zi	p Code	1
					- 1		FL		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such ch	ance was autr	norized by	the corporatio	oration submits this statement for the prin's board of directors. I hereby accept	irpose of changing the appointment as	registered registered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Re	egistered Age	nt signature required	when reinstating)	DATE		١.
12.		D DIRECTORS	(1.0.1E.11	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12	1
TITLE	Р	[DELETE	1.1 TITLE			☐ Chang	e	-
NAME	NAHON, PHILIPPE A.			1.2 NAME					1
STREET ADDRESS	1510 QUAIL DRIVE			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	SARASOTA FL			1.4 CITY-S	T-ZIP] ;
TITLE	V] DELETE	2.1 TITLE			☐ Chang	e Addition	'
NAME	NAHON, CLAUDE P.			2.2 NAME					ĺ
STREET ADDRESS	1510 QUAIL DRIVE			2.3 STREE	T ADDRESS				
CITY-ST-ZIP	SARASOTA FL	. =- 1 -		2.4 CITY-	ST-ZIP = "" =		· · · · · · · · ·	**	{
TITLE] DELETÉ	3.1 TITLE			☐ Chang	e	
NAME				3.2 NAME					-
STREET ADDRESS				3.3 STREE	TADDRESS				ĺ
CITY-ST-ZIP		<u>_</u>		3.4. CITY-	ST-ZIP			- Daddision	┨
TITLE		Ļ] DELETÉ	4.1 TITLE			☐ Chang	e	l
NAME				4, 2 NAME					
STREET ADDRESS					TADDRESS				'
CITY-ST-ZIP									1
] perete	4.4 CITY-S	IT-ZIP		□ Chone	nottibbe 🔲 ea	1
TITLE		C	DELETE	5.1 TITLE	IT-ZIP		☐ Chanç	e 🗋 Addition	
NAME			DELETE	5.1 TITLE 5.2 NAME				e 🗋 Addition	
NAME STREET ADDRESS		<u> </u>) DELETE	5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS			e 🗋 Addition	
NAME			DELETE	5.1 TITLE 5.2 NAME	T ADDRESS				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP :