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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(1)

Jan 22 1998 8:00am										
Secretary of State										

FILED

Principal Place of Business Mailing Address 1730 km Seth ST	Мак	CLEANERS	NUMBER ONE	E, INC.									
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3. Date incorporated or Qualified 10/24/1979 2. Principal Place of Business 28. Making Address 29. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 22. Cry & State 27. Cry & State 28. Cry & State 29. Country 29. Country 20. Cry & State 20. Country 20. B. Name and Address of Current Registered Agent 20. D. Name and Address of Current Registered Agent 20. Name and Address of Current Registered Agent 21. Name and Address of New Registered Agent 22. Street Address (P.O. Box Number is Not Acceptable) 23. Street Address (P.O. Box Number is Not Acceptable) 24. City 25. Street Address (P.O. Box Number is Not Acceptable) 25. Street Address (P.O. Box Number is Not Acceptable) 26. Street Address (P.O. Box Number is Not Acceptable) 27. Cry & State (P.O. Box Number is Not Acceptable) 28. Street Address (P.O. Box Number is Not Acceptable) 29. Street Address (P.O. Box Number is Not Acceptable) 20. Street Address (P.O. Box Number is Not Acceptable) 20. Street Address (P.O. Box Number is Not Acceptable) 20. Street Address (P.O. Box Number is Not Acceptable) 20. Street Address (P.O. Box Number is Not Acceptable) 20. Street Address (P.O. Box Number is Not Acceptable) 21. Street Address (P.O. Box Number is Not Acceptable) 22. Street Address (P.O. Box Number is Not Acceptable) 23. Street Address (P.O. Box Number is Not Acceptable) 24. City 24. City 25. Street Address (P.O. Box Number is Not Acceptable) 25. Street Address (P.O. Box Number is Not Acceptable) 26. Street Address (P.O. Box Number is Not Accept										D.C. 1.02			
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Zip Country Zip Country B. This corporation overs or has paid the current year intangible Personal Property at vite upon 80 MANHEIMER, PETER ESQ. Name and Address of Current Registered Agent 81 Name	├ ──,				18								- •
MANHEIMER, PETER ESO. 7100 N. KENDALL DR., SUITE 210 MIAMIF L. 33156 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Street Address (P.O. Box Number is Not Acceptable) 86 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Street Address (P.O. Box Number is Not Acceptable) 86 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 86 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Addre	Zip	Country							B. T	his corporation owes or has pai	id the curr	nt year	Intangible
MANHEIMER, PETER ESO. 7100 N. KENDALL DR., SUITE 210 MIAMI FL 33156 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Paraset to the provisions of Sections 607 0002 and 607 1508. Florida Statutes the above-maned corporation submits this statement for the purpose of changing its registered officer registered agent or both, in the State of Florida. Such change was saturated by the corporation's board of officerors. I thereby accept the obligations of, Section 607 0005, Florida Statutes. SIGNATURE Signature, speed or profiled lame of regional agent and for Pajoritation 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. ITILE PD NAME MAZINE, MOSHE 7930 NW 36 ST. #25 11. SIREET ADDRESS CITY-ST-ZP ITILE DELETE 11. TITLE 12. ORLETE 21. TITLE 22. SIREET ADDRESS CITY-ST-ZP TITLE DELETE 31. TITLE 31. TITLE 42. Change Addition Addition Addition AMAE STREET ADDRESS CITY-ST-ZP TITLE DELETE 31. TITLE 41. TITLE 42. TAMAE 43. SIRRET ADDRESS 617Y-ST-ZP	24				29 30				P	ersonal Property Tax due June	30.	Yes	□ No
T100 N. KENDALL DR., SUITE 210 MIAMI FL 33156 82 Streat Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 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 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, 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, or both, in the State of Florida, Statutes. SIGNATURE Signative, Speed or printed level of required agent and tow 4 speciation. (NOTE Repetitors Agent acquires registered agent registered agent of firectors. I hereby accept the appointment as registered agent acquires registered agent acquires registered		9. Name an	d Address of Curre	ent Regist	ered Agent		٠,		10. N	lame and Address of New Reg	gistered A	gent	
MIAMI FL 33156 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered diffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered diffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered difficult as registered agent. It is registered age	i⇒ MA	NHEIMER, PE	ETER ESQ.				81	Name					
### City ### Colors ### Color				0			82	Street Addre	ess (P.C). Box Number is Not Acceptab	le)	<u>,, ., ., </u>	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Floride Statutes, the above-named corporation submits this statement for the pursues of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Floride Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent. I am familiar with, and accept the obligations of section 607.0505, Floride Statutes. (NOTE Registered Agent signature toquered when refinalaring) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD	MM	MMI FL 33100					83						
11. Pursuant to the provisions of Sections 607 50502 and 607 1506, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, 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, 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, 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, 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, or both in the such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and of incorporation and of rectors. I hereby accept the appointment as registered agent and registered agent							84	Ĉity		· · · · · · · · · · · · · · · · · · ·		85 2	ip Code
SIGNATURE Signature, typed or printed name of registered agent and rate if all playlications 13.	11 Purcuent	to the provision	s of Sections 607 05	(02 and 60	7 1508 Floride State	utoe the	about	- Pomod corne	oration (submite this statement for the pu		Changin	a its registered
SIGNATURE Signature, typed or printed name of registered agent and intel all pilliplications 13.	office or r	registered agent	I or both, in the Stat	le of Florid	a. Such change was	authori	zed by	the corporation	on's boa	ard of directors. I hereby accep	t the appo	intment	as registered
Signature, hybrid or printed name of regulated agent and line if applicable (NOTE Hoplatories required when reinstaling) OATE	agent. I a	ım familiar with,	and accept the obli	gations of,	Section 607.0505, I	-lorida S	tatutes	,					
12.	SIGNATURE	Sloveture, typed or n	name of tenistered a	nent and tric i	Larmicable /NC	TE Beniel	ored Ane	Ol Banglure toquite	d when re	instation)	DATE		
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CITY-\$1-ZIP 14. Thereby certify that the information supplied with this filling closs not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information		andfarther the !-	damatica	uitte this m	ing does not even!				Santi	110.07(0)(i) Florida Diana 11	uthor as "	16. AL - 1	the information

indicated on this annual report or supplied with this tiling floors not quality for the exemption stated in Section 119.07(3ki). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual opert 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 of the receiver of trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of the receiver of trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of the receiver of trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of the receiver of trustee empowers to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: