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Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 687511

(6)

1. Corporation Name

P.S. CLEARANCE CO., INC.



Principal Place of Business

8915 S. LACIENEGA BLVD.
INGLEWOOD CA 90301-4419

Mailing Address

8915 S. LACIENEGA BLVD.
INGLEWOOD CA 90301-4401

3. Date Incorporated or Qualified

09/12/1980

3a. Date of Last Report

06/25/1996

4. FEI Number

11-2555195

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SANTANA, ANTHONY
2854-F STIRLING RD.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

ANDRES H TORRES

82 Street Address (P.O. Box Number is Not Acceptable)

83

7543 N.W. 52ND STREET

84 City

MIAMI

FL

85 Zip Code

33186

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ROSENTHAL, MARTIN W
STREET ADDRESS 9671 WESTWOOD DR.
CITY-ST-ZIP WESTMINSTER CA

TITLE DC ☐ DELETE

NAME MEEHAN, JACK J.
STREET ADDRESS 1075 WOLVER HOLLOW
CITY-ST-ZIP UPPER BROOMVILLE NY 11771

TITLE V ☐ DELETE

NAME MENUDIER, JOHN C.
STREET ADDRESS 16605 PEQUENO PL.
CITY-ST-ZIP PACIFIC PALISADES CA

TITLE DVT ☐ DELETE

NAME MADISON, JAMES L.
STREET ADDRESS 15 AMALIA LN.
CITY-ST-ZIP COMMACK NY

TITLE DS ☐ DELETE

NAME LOTITO, ANGELA
STREET ADDRESS 363 WHITE RD.
CITY-ST-ZIP MINEOLA NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

JAMES L. MADISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/97 (578)365-2000

CP2E034 (9/96)