

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90154 017 ***150.00

DOCUMENT # 687511

1. Corporation Name

P.S. CLEARANCE CO., INC.

Principal Place of Business

8544 NW 66TH ST
MIAMI FL 33166
US

Mailing Address

P O BOX 930
NEW HYDE PARK NE 11040
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1980

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDRES H TORRES
7543 NW 52ND ST
8544 NW 66TH ST
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

INKY E. CULLELL

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

372 AZURE WAY

83

84 City

MIAMI SPRINGS

FL

85

Zip Code

33166

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)