## 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 # G46160

1. Corporation Name

CAPRI CLEANERS, INC.

Principal Place of Business

Mailing Address

8710 BRYAN DAIRY ROAD

**FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90145 030 \*\*\*150.00



LARGO FL 348		LARGO FL-94847					NOT WOLTE IN	THE CDACE		
3	<i>3777</i>	33777				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
•					1		or Qualited			
		La Atama Att				7/24/1983 I Number		T	noticed Fee	
2. Principal Place of Business 2a. Mailing Address						-22 <del>96</del> 273		<b>├</b> ─┤-	pplied For lot Applicable	
21)	26			28	<u> </u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certifcate of Status Desired				
City & State		City & State	¬ ´			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23		28			·				to Fees	
-, ·, ·, ·, ·		Zip	Zip Country		8. This corporation owes the current year intangible  Personal Property Tax  Personal Property Tax					
24	9. Name and Address of Current Registered Agent			Personal Property Tax. Li Yes ANO  10. Name and Address of New Registered Agent					23110	
	9. Name and Address of Curren	t Kegistered Agent	8	Name	10. 142	ino dila Addi do	o, non mago			
VEN	TIMEGLIA. JOHN J.			, , , , , , , , , , , , , , , , , , ,						
8710 BRYAN DAIRY ROAD				82 Street Address (P.O. Box Number is Not Acceptable)						
	GO FL 3.8887		8:	<del></del>				<del></del>		
	33777		8.	•						
			84	1 City				EI 85 Zip	Code	
	to the provisions of Sections 607.050	· · · · · · · · · · · · · · · · · · ·				In color at 2 at 2		FL	a roginta-art	
office or a gent. I a	registered agent, or both, in the State am familiar with, and accept the obligat	of Florida. Such change was autt	norized by	y the corp	oration's board	of directors. I he	ereby accept the	appointment as r	egistered	
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Re	egistered Age	ent signature :	equired when reinst	ating)	D	ĀTĒ		
12.	OFFICERS AND DIRECTORS 13.				ADI	DITIONS/CHANG	ES TO OFFICE	RS AND DIRECT		
TITLE	P	☐ DELETE	1.1 TITLE					Change	☐ Addition	
NAME	TENTINE OCE II OCI II V		1.2 NAME							
STREET ADDRESS	321 Bahia Vista Drive		1.3 STRE	ET ADDRESS	10.631	Bandes	Count			
CITY-ST-ZIP	INDIAN ROCKS BCH FL 24635	- <i>33777</i>	1.4 CITY-	ST-ZIP	LARGO	_F4	33777	7		
TITLE	DELETE 2.1 TI		2.1 TITLE		]	,		Change	Addition	
NAME			2.2 NAME							
STREET ADDRESS			2.3 STRE	ET ADDRESS						
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	}		_			
TITLE	DELETE 31							☐ Change	Addition	
NAME			3.2 NAME							
STREET ADDRESS	,]		3.3 STRE	ET ADDRESS	j					
CITY-ST-ZIP			3.4. CITY-							
TITLE	DELETE 4.17							☐ Change	Addition	
NAME			4. 2 NAMI							
STREET ADDRESS				ET ADDRESS	1					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition	
NAME			5.2 NAME		1					
STREET ADDRESS	i									
			5.3 STRE	ET ADDRESS						
			5.3 STRE							
CITY-ST-ZIP		☐ DELETE	1	ST-ZIP				Change	Addition	
CITY-ST-ZIP		DELETE	5.4 CITY-	ST-ZIP				☐ Change	Addition	
CITY-ST-ZIP TITLE NAME		DELETE	5.4 CITY- 6.1 TITLE 6.2 NAME	ST-ZIP				☐ Change	Addition	
CITY-ST-ZIP		DELETE	5.4 CITY- 6.1 TITLE 6.2 NAME	ST-ZIP				☐ Change	e	

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 vastee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if thanged or on an attachment with an address with all other like empowered.

VENTIMEGLIA PRESIDENT