FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name J38245

(3)

ARROW CLEANING SERVICES, INC.

FILED May 12 1997 8:00am Secretary of State



Principal Place of Business			Mailing Address					- I HABILIA MUNO LITAL KALIB SKANI OKRAN OKIZ OKRAJ BENJI ANDIK MIRIJ OKRIJ DIJIJ KADE			
781 LINTON BLVD. P O BOX 356			781 LINTON BLVD.								
		P O BOX 356 DELRAY BEACH FL 33447-0358			4						
DELRAY BEACH FL 33447	-7330	v	echal beautiff 339	M7-0330				3. Date Incorporated or Qualified 10/14/1986		e of Last F	Report
2. Principal Place of Busi	noss	2a.	Mailing Address					4. FEI Number	1		pplied For
21		26	26					59-2733637		→	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional
22		27						Continuate of Status Desired		Fee R	equired
City & State			City & State					6. Election Campaign Financing	-	\$5.00	May Be
23	I Country	28	70:					Trust Fund Contribution	<u> </u>		to Fees
Zip	Country		Zip	\vdash	ountry	y		8. This corporation has liability for			199.032,
24 Q Name	25 and Address of Currer	29	stered Agent	30			·	Florida Statutes 10. Name and Address of New Re	Yes _		
				(81	T	Name	to. Hallie and Address VI New No.	Sipraieri V	April	
COLLURA, RO					L	L					
781 LINTON BLVD - PO BOX 356 DELRAY BEACH FL 33444				82 Street Ad			Street Addres	ss (P.O. Box Number is Not Acceptab	le)		
DELTIAL DEAL	ALL SOUTH				83	+-					
						L					
					84	۱	City		FL	85 Zip	Code
11. Pursuant to the provis	sions of Sections 607.050	2 and fi	07.1508 Florida State	utes the	abov	e-r	named corpo	ration submits this statement for the n		hanging i	le remistered
office or registered a	gent, or both in the State	of Flori	da. Such change was	authoriz	ed by	y tł	he corporatio	ration submits this statement for the p on's board of directors. I hereby accep	t the appo	intment as	registered
// 24	All and all contribution	alions o	ii, Section 607.0505, F	FIORIDA SC	atute	S.			مداير	les	
SIGNATURE SI GLUTO, TYPES	d or printer name of registered age	ni and title	if applicable (NC	OTE: Registe	red Ao	ent :	signature required	d when reinstaling)	DATE	7.1	
12,	OFFICERS AN			13				ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE PTD			DELETE	1.1	TITLE		T			Change	☐ Addition
NAME COLLUF	ra, robert			1.2	NAME		ŀ				
STREET ADDRESS 9040 RE	ED OAK LANE			1.3	STREET	T AD	DORESS				
CITY-ST-ZIP BOCA F	RATON FL		•	1.4	CITY-S	ST-2	ZIP				
TITLE			☐ DELETE	21	TITLE				1	Change	Addition
NAME				22	NAME						
STREET ADDRESS				2.3	STREET	T AD	Doress				
CITY - ST - ZIP				2 4	CITY-	ST-	ZIP				
TITLE			DELET e	31	TITLE				[Change	Addition
NAME				3.2	NAME						
STREET ADDRESS				33	STREET	r ad	DDRESS				
CHTY-ST-ZIP				3.4.	CITY-S	s۲۰	ZIP				
THLE			DELETE	4.1	TITLE					Change	Addition
NAME				4.2	NAME						
STREET ADDRESS				4.3	STAEET	F AD) DRESS				
CITY-ST-7P				4.4	CITY-S	ST - Z	ZIP				
TITLE			DELETE	5.1	TITLE				Ī	Change	Addition
NAME				5.2	NAME						
STREET ADDRESS				5.3	STREET	DA 1	OORESS				
CITY-ST-ZIP			······································		CITY - S	ST - 2	ZIP				
TITLE			DELETE	6.1	TITLE				T	Change	Addition
NAME.				6.2	NAME						
STREET ADDRESS				6.3	STREET	ΓAD	ODRESS				
C(1Y - S1 - ZIP					CITY-\$						
14. I do hereby certify that	at the information supplied	d with th	nis filing does not qua	dify for th	e exe	me	ption stated i	n Section 119.07(3)(i), Florida Statutes	Lfurther	ertify 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 jochanged, or on an attachment with an address.

SIGNATURE: