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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # J38245



Secretary of State **DIVISION OF CORPORATIONS** 

## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

## May 04, 1999 8:00 am Secretary of State 05-04-1999 90024 028 \*\*\*150.00

ARROW	CLEANING SERVICES, INC.	1 14								
								#1181 #111 BIBN #		(18) (8) (8) (8)
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781 LINTON BL	• •	781 LINTON								
P O BOX 356	.10.	P O BOX 3								
DELRAY BEACH FL 33447-7356 DELRAY BEACH FL 33447			·7356				RITE IN THIS	SPACE		
• .						<ol><li>Date Incorp</li></ol>	orated or Qualife	d		
						10/14/19	186			
2. Principal P	lace of Business	2a. Mailing	Address		•	4. FEI Numbe	r		Ap	plied For
21		26				59-27330	637		No	t Applicable
Suite, Apt.	#, etc.		Apt. #, etc.				•		\$8.75	Additional
22		27				5, Certificate o	f Status Desired	. 🗆 .	Fee Re	equired
City & State	e	City &	State			6. Election Ca	mpaign Financing	9 -	\$5.00	May Be
23		28					Contribution	<b>'</b> 🗆	Added t	
Zip	Country	Zip	-	Country		8. This corpora	ation owes the cu	irrent year Inti	angible	
24	25	29	3	30		Personal Pr		•	Yes	□No
1	9. Name and Address of Current		<del> </del>	T.			Address of New	Registered	Agent	
				81	Name		-			
ORU	icker, herbert			-	01		-bi- blat Assau	atable)		
781	LINTON BLVD - PO BOX 356			82	Street A	ddress (P.O. Box Nur	nber is Not Accer	otable)	-	
DELF	RAY BEACH FL 33444			83						
				["]			·			
				84	City		_	· FL	85 Zip (	Code
	to the provisions of Sections 607.0502				<u></u>		- statement for th		shenging its	rogistored
	to the provisions of Sections 607.0502	2 and 607 1508					s statement for th	ne purpose or	cnanging its	registered
11. Pursuant	egistered agent or both in the State of	of Florida, Such	, Florida Statutes change was aut	s, the above thorized by	e-named of the corpor	orporation submits the ration's board of direct	ors. I hereby acc	ept the appoir	ntment as re	gistered
office or re	registered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such	change was aut	horized by	the corpor	ration's board of direct	ors. I hereby acc	ept the appoi	ntment as re	gistered
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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: