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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # K72598** 

(1)

TTALINE	R BROS. CLEANING SERV	ICES, INC.			
Principal Place	e of Business	Mailing Address			t Blatt Mibit Gibit Aibit Mibit Diali 1901
170 NE DIXIE	HWY	170 NE DIXIE HIGHWAY			
		STUART FL 34994			
U\$		US		DO NOT WRITE	IN THIS SPACE
				<ol> <li>Date incorporated or Qualified</li> <li>03/14/1989</li> </ol>	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0117884	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid	d the current year integrable
24	25	29	30	Personal Property Tax due June	
	9. Name and Address of Curre	nt Registered Agent	04 41	10. Name and Address of New Reg	gletered Agent
	LKER, CHARLES A., JR.		81 Name		1
	NE DIXIE HIGHWAY		82 Street Add	ress (P.O. Box Number is Not Acceptable	le)
811	UART FL 34994		83		
			83		
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607 050 egistored agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508. Florida Statut	es, the above-named corp	poration submits this statement for the pu	
office or re	a lamiliar with and paged the oblig	of Florida, Such change was a	authorized by the corporat	tion's board of directors, I hereby accept	t the abboundment as reflictered
SIGNATURE					<u> </u>
SIGNATURE	Signature, typed or printed name of registered ag	est and title if applicable (NOT)	E: Registered Agent signature requi	ired when reinstating)	DATE
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTI	E: Registered Agent signature requi		DATE ERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typod or printed name of registered ag OFFICERS AN	est and title if applicable (NOT)	E: Registered Agent signature requi	ired when reinstating)	DATE
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I hereby certify that the information supplied with this filling 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 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 certify ration or the Asiate of the empowered to execute this report as required by Chapter 60?, Florida Statutes; and that my name appears in Block 12 or Block 13 if manged in or an interchapter with an address.

GNATURE

**FILED** 

Mar 19 1998 8:00am

Secretary of State