

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L78619** (8)

1. Corporation Name

MOONLITE CLEANERS, INC.



Principal Place of Business

**3411 AUSTRALIAN CIRCLE
WINTER PARK FL 32792**

Mailing Address

**3411 AUSTRALIAN CIRCLE
WINTER PARK FL 32792**

3. Date Incorporated or Qualified **06/04/1990** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-3025953** Applied For ☐ Not Applicable ☐

2. Principal Place of Business

21 **5141 CONTOURA DR.**

Suite, Apt. #, etc.

22 City & State

23 **ORLANDO, FL.**

Zip

24 **32810**

Country

25 **ORANGE**

2a. Mailing Address

26 **5141 CONTOURA DR.**

Suite, Apt. #, etc.

27 City & State

28 **ORLANDO, FL.**

Zip

29 **32810**

Country

30 **ORANGE**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**WESTHOVEN, DAVID J.
160 SOUTH HIGHWAY 17/92
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 of Registered Agent (Required when changing registered agent)

(Print) Registered Agent Signature (Required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **WESTHOVEN, DAVID J.**
STREET ADDRESS **P.O. BOX 5847 N/A**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **VST** ☒ DELETE
NAME **WESTHOVEN, LINDA W.**
STREET ADDRESS **P.O. BOX 5847 N/A**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 (407) 646-9631
Date Day/Month/Year
Day/Month/Year

CR2E034 (12/95)