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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 24 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L89722

(7)

SING	GER SEWING AND VACUUM	CENTER, INC.			
Principal Pla	ce of Business	Mailing Address		E INDISON OUR PRINCE SOUR SOUR SOUR SOUR STATE	MINEE STANT MINIT NINIT STATE TO SE
11033 NW 2ND ST 11033 NW 2ND ST CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33			33071	DO NOT WRITE IN THI	S SDACE
				3. Date Incorporated or Qualified	3 OF ACE
				1	
2. Principal	Place of Business	28. Mailing Address		07/19/1990 4. FEI Number	
21	, 1,250 01 000000	26			Applied For
Suite, Apt	l. #. elc.	Suite, Apt. #, etc.		65-0206816	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		C. Floriton Compoins Financia	<del></del>
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	·	
24]	25	29	30	<ol> <li>This corporation owes or has paid the or Personal Property Tax due June 30.</li> </ol>	Yes Ko
	g, Name and Address of Curre			10. Name and Address of New Registere	
	LEVIN, ROBERT A.		81 Name		<b>V</b>
	11033 NW 2ND ST				**
	CORAL SPRINGS FL 33071		82 Street Add	Press (P.O. Box Number is Not Acceptable)	
,	COMPLE OF MINOR OF E GOOT		83		<del></del>
			84 City	F	85 Zip Code
office or agent. I s		02 and 607.1508, Florida Statue of Florida. Such change was gations of, Section 607.0505, F	utes, the above-named core authorized by the corpora Florida Statutes.	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered opointment as registered
	Signature, typed or purified name of registered a		Off Registered Agent signature requ	ried when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	LEVIN, ROBERT A		1.2 NAME		
STREET ADDRESS	11033 NW 2ND ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		·	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	·	Change Addition
NAME	1		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		5.4 CITY+ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY OF TIE	1		O A ACTU OT TO		

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.

2/0/00