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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P92000005019**1. Corporation Name

OCEANSIDE CLEANERS, INC.

Principal Place of Business

Mailing Address

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90021 029 ***150.00



1006 EAST ATLANTIC AVENUE 4765 NW 5TH STREET DELRAY BEACH 33 483 DEERFIELD BEACH FL 33442								
DELMAI BEACE	1 33 403	OLLIN ICLD	DENOTITE OF TE			DO NOT WRITE	IN THIS SPACE	
		.*				3. Date Incorporated or Qualifed		
	•					11/09/1992		
2 Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	Α	pplied For
Z. Fillicipal F.		26				65-0371297	N N	ot Applicable
Suite, Apt.	# etc		pt. #, etc.				\$8.75	Additional
ouite, Apt.	m, 610.	27				5. Certifcate of Status Desired	Fee F	tequired
City & Stat	8	City &	State			6. Election Campaign Financing	\$5.00	May Be
23		28			`	Trust Fund Contribution		to Fees
Zip				Country		8. This corporation owes the curren	t year Intangible	
24	25	29	30]		Personal Property Tax.	∑ X Yes	□No
-71	9. Name and Address of Curren	t Registered A	gent			10. Name and Address of New Re	gistered Agent	
	The Control of the Co			81	Name	•		,
LEG	akis, aristidis			82	Stroot Add	ress (P.O. Box Number is Not Acceptable	<u> </u>	
476	NW 5 STR			02	Sucer Add:	1000 (1.0. DON HUMBER IS 1101 Acceptable	*** **** **** *** *** *** ***	
DEE	RFIELD BCH FL 33442			83	<u> </u>	一	E. Webstak	
				_	-	10000000000000000000000000000000000000	85 Zir	Code
				84	1 1		F 1 - 1 '	
11 Dureuant	to the provisions of Sections 607 050	2 and 607.1508	Florida Statutes.	the abov	e-named con	poration submits this statement for the prior's board of directors. I hereby accept	irpose of changing it	s registered
office or r	egistered agent, or both, in the State	of Florida. Such	change was autho	rized by	the corporati	ion's board of directors. I hereby accept	the appointment as i	egistered
agent. I a	m familiar with, and accept the obliga	tions of, Section	607.0505, FIORICA	Statutes).			
SIGNATURE	Signature, typed or printed name of registered age	ot and title if explicable	(NOTE: Ren	ristered Age	nt signature require	ed when reinstating)	DATE	
12.		ID DIRECTORS	. (13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 12
TITLE	D	15 511120110110	DELETÉ	1.1 TITLE		14 117 1733	☐ Change	
NAME	LEGAKIS, ARISTIDIS		_	1.2 NAME				
	*****		•		TADDRESS			
STREET ADDRESS				1.4 CITY-S	1			
CITY-ST-ZIP	DELRAY BEACH FL 33483		DELETE	2.1 TITLE	SI-ZIP		☐ Change	Addition
TITLE			_ bearie	_				_
NAME				2.2 NAME				
STREET ADDRESS					T ADDRESS		,	•
CITY-ST-ZIP		Fall of the State	.~.	2. 4 CiTY-1	ST-ZIP		Change	Addition
TITLE	tere and that	unteres file f	☐ DELETE	3.1 TITLE			□ coange	. Landing
NAME	MS, MSOME DEN SOM	,		3.2 NAME				1
STREET ADDRESS	1880 904 A 10 13			3.3 STREE	TADDRESS	1		
CITY-ST-ZIP	DETAINED ON 18 FT CO. N. S. SC			3.4. CITY-	ST-ZIP		\$ \$1 - 2214 334 Feb - 3	11/5/3/21/25
TITLE							**	Addition
NAME	1		☐ DELETE	4.1 TITLE			等。 编译 接回 Change	
	* * * * * * * * * * * * * * * * * * *		☐ DELETE	4.1 TITLE 4.2 NAME			□(v) (を) (v) (chàngi	
STREET ADDRESS	大學的是一般的可能 在Managaran and an analysis		DELETE	4. 2 NAME	T ADDRESS	1 48 3 1 1 2 4 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ॅड्, क्रीडिं हिंहा Chângi	
STREET ADDRESS	ANDS 放りで始 名的なですが、よいまします。		DELETE	4. 2 NAME	TADDRESS	1 12 13 13 14 15 14 15 14 15 14 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15		
STREET ADDRESS CITY-ST-ZIP TITLE	AND BOOK ESPOND OF ST	e i i	DELETE	4. 2 NAME 4.3 STREE	TADDRESS		Changi	. Addition
STREET ADDRESS CITY-ST-ZIP TITLE	大概(1) 是《花 《密理》为2000年 第一章	4 · · · · · · · · · · · · · · · · · · ·		4. 2 NAME 4.3 STREE 4.4 CITY-5	TADDRESS			Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	FORTHON COLUMN EN			4. 2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME	TADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FORTHON COLUMN EN	g in in		4. 2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME	TADDRESS ST-ZIP ET ADDRESS			Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	v in	DELETE	4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE	TADDRESS ST-ZIP ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	E RESERVANCE OF STATE	€ 10		4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5	TADDRESS ST-ZIP ET ADDRESS		☐ Changi	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	E CONTROL CONT		DELETE	4. 2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5 6.1 TITLE 6.2 NAME	TADDRESS ST-ZIP ET ADDRESS		☐ Changi	

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.