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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

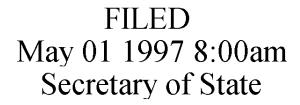
DOCUMENT # P9300005065 (6)

HIGH SOCIETY CLEANERS, INCORPORATED

Principal Place of Business

Mailing Address

2167 PINEWOODS CIRCLE NAPIES EL 33942 2167 PINEWOODS CIRCLE NAPI ES EL 34105-2543





NAPLES FL 33942		NAPLES FL 34105-2543								
						3. Date Incorporated or Qualified 01/15/1993		e of Last 1/1996	Report	
2. Principal Pl	ac e o f Business	2a. Mailing Address				4. FEI Number	Applied For			
21		26				65-0385916			lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State)	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28		TO THE PERSON NAMED IN ADDRESS OF		Trust Fund Contribution		•	to Fees	
Zip	Country	Zip	Co	untry		8. This corporation has liability for it	nțangible t	ax under	s. 199.032,	
24	25	29	30				【Yes ☐			
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Reg	pistered A	gent		
SHIRGHIO, NICHOLAS A 2167 PINEWOODS CIRCLE				81 Name	-					
	ES FL 33942			82 Street Add		s (P.O. Box Number is Not Acceptab	le)			
I TANK L	LC 1 L 00072			83						
				84 City			FL	85 Zip	Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida Such change wa	is authorizi	ed by the co	d corpor orporation	ation submits this statement for the p 's board of directors. I hereby accep	urpose of	changing intment a	its registered s registered	
SIGNATURE	Signature, typed or printed name of registered agr				re required	when reinstating)	DATE	and character and surfer many		
12.	OFFICEHS AN	D DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TITLE	D	DELETE	1.1	TITLE				Change	Addition	
NAME	SHIRGHIO, NICHOLAS A		1.21	NAME						
STREET ADDRESS	2167 PINEWOODS CIRCLE		1.3 :	STREET ADDRESS	;					
CITY-ST-ZIP	NAPLES FL 33942		1.4	CHTY - ST - ZIP						
TITLE	D	☐ DELET€		TITLE				Change	Addition	
NAME	SHIRGHIO, PAULA M		2.2	NAME						
STREET ADDRESS	2167 PINEWOODS CIRCLE		2.3	STREE1 ADDRESS	;					
CITY-ST-ZIP	NAPLES FL 33942		2.4	CITY-S1-ZIP						
TITLE		☐ DELETE		TITLE				Change	Addition	
NAME			3.2	NAMÉ						
STREET ADDRESS			3.3	STREET ADDRESS	3					
CITY-ST-ZIP			3.4.	CITY - ST - ZIP						
TITLE		☐ DELETE		TITLE			1	Change	Addition	
NAME			4.2	NAME						
STREET ADDRESS			4.3	STREET ADDRESS	3					
CITY-ST-ZIP			4.4	CITY - S1 - 7IP						
TITLE		DELETE		TITLE				Change	Addition	
NAME			5.2	NAME						
STREET ADDRESS			5.3	STREET ADDRESS	3					
CITY-ST-ZIP				CiTY-SI-ZIP						
TITLE		DELETE		TITLE	-			Change	Addition	
NAME			6.2	NAME				ŕ		
STREET ADDRESS				STREET ADDRESS	,					
CITY-ST-ZIP				CITY-ST-ZIP						
14. I do hereb Information I am an of	n indicated on this annual report or :	supplemental annual report in the receiver or trustee emp	alify for the s true and owered to	e exemption accurate an	nd that m	n Section 119.07(3)(i), Florida Statutes ly signature shall have the same lega as required by Chapter 607, Florida S	effect as	if made u	nder oath: that	