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 # P9300068055

PINEWOOD CLEANERS INC.

Principal Place of Business	Mailing Address					
6346 LANTANA RD. #70 LAKE WORTH FL 33463 US	6346 LANTANA RD. #70 LAKE WORTH FL 33463 US					
2. Principal Place of Business	2a. Mailing Address					
21	26					

FILED Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90043 038 ***150.00

1 1112110	OD OLD MENO								
Principal Place	e of Business	Mailing Address					-	181 18111 98191	#15#1 #111 1##1
6346 LANTANA	RD.	6346 LANTANA RD.							
# 70		#70					DO NOT WRITE IN THIS S	SPACE	
LAKE WORTH I	FL 33463	LAKE WORTH FL 33463 US					3. Date Incorporated or Qualifed	- AOL	
US		00	-			-~	09/30/1993		
2 Principal P	lace of Business	2a. Mailing Address					4. FEI Number	Ap	plied For
21	1000 01 20311033	26					65-0442576		t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					_	\$8.75	Additional
22		27					5. Certifcate of Status Desired	Fee Re	quired
City & Stat	e	City & State					6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Added t	
Zip	Country	Zip	Cou	intry			8. This corporation owes the current year Inta	ngible	_
24	25	29	30				1 Oroginal Fragienty	Yes	□No
	9. Name and Address of Curren	t Registered Agent					10. Name and Address of New Registered A	gent	
				81	Name				
	RNSHEIN, MICHAEL			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
	5-70 LANTANA ROAD								
LAKI	E WORTH FL 33463			83					
				84	City			85 Zip (Code
					′		<u>FL</u>	1	
office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a	authorized	d by	the corp	oration	ration submits this statement for the purpose of c 's board of directors. I hereby accept the appoin	iment as re	gistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered	d Ager	nt signature	required v	when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS ANI		
TITLE	PD	☐ DELETE	1.1 TI	TLE		İ		Change	Addition
NAME	Sternshein, Susan		1.2 N	AME		Ì			
STREET ADDRESS	6346-70 LANTANA ROAD		1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL			ITY-S	T-ZIP			<u> </u>	T Addition
TITLE	SD	☐ DELETE	2.1 Ti	TLE			•	Change	☐ Addition
NAME	STERNSHEIN, MICHAEL		2.2 N	AME					
STREET ADDRESS			2.3 S	TREE	FADDRESS				
CITY-ST-ZIP	LAKE WORTH FL		_		T-ZIP				— AJJ#:
TITLE		☐ DELETE	3.1 T				,	Change	Addition
NAME			3.2 N					•	
STREET ADDRESS					TADDRESS			,	
CITY-ST-ZIP		□ DELETE			T-ZIP			Channe	Addition
TITLE		☐ DELETE	4.1 T					C. c.iange	
NAME			4.21						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE		∏Y-S	T-ZIP	-		☐ Change	Addition
TITLE		□ OETEIE	5.1 T 5.2 N			1			Lad - Iddision
NAME					TADORESS				
STREET ADDRESS				TY-S					•
CITY-ST-ZIP		□ DELETE	6.1 T		1-21	+		Change	☐ Addition
TITLE			6.2 N						
NAME					TADORESS				
STREET ADDRESS				ITY-S			·		
CITY-ST-ZIP			0.40	3	1 - ZIF	ĺ	the state of the s		

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 parallel than address, with all other like empowered.

SIGNATURE: