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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000069189

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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CROWN CLEANERS, INC.

Principal Place of Business	Mailing Address		
913 COUNTY ROAD 951	1913 COUNTY ROAD 951		
VAPLES FL 33999	NAPLES FL 33999		

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90056 034 ***150.00



STEWART & STORTER ATTORNEYS AT LAW 1725 COUNTY ROAD 951 SUITE 106, PINE PLAZA **GOLDEN GATE FL 33999**

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Country

9. Name and Adcress of Current Registered Agent

	82	Street Address (P.O. Bo)			
	83				
	84	City	FL.	85	Zip Code
Statutes, the a	bove	e-named corporation submi	s this statement for the purpose of	hang	ing its registered

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.

Country

81 Name

SIGNATUFE	Signature, typed or printed naine of registered agent and title if applicable.	(NOT E, Re	gistered Agent signature require	ed when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITION	S/CHANGES TO	OFFICERS :	AND DIRECTOR	
TITLE	PSD	DELETE	1.1 TITLE				Change	☐ Addition
NAME	TIMKO, TERRIE	ľ	1.2 NAME					}
STREET ADDRESS	1913 COUNTY ROAD 951		13 STREET ADDRESS					
CITY-ST-ZIP	NAPLES FL		14 CITY-ST-ZIP					
TITLE	VPTD	☐ DELETE	2 1 TITLE				Change	☐ Addition \
NAME	TIMKO, RICHARD		2.2 NAME					
STREET ADDRESS	1913 COUNTY ROAD 951		2.3 STREET ADDRESS					
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME			32 NAME					
STREET ADDRE 3S		'	3.3 STREET ADDRESS					Ì
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE				☐ Change	Addition
NAME		!	4. 2 NAME					Ì
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELETE	51 TITLE				Change	☐ Addition
NAME			52 NAME					[
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY- ST- ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			62 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					}
CITY-ST-ZIP			6.4 CITY-ST-ZIP		(1) Florido Statut	16 5		formation.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07. 3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental εnnual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I sim an officer or director of the corporation or the receiver or trustee empowered to εxecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, by on an appear in the report is the report of the receiver of the recei

SIGNATURE