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 # P9400000053

1. Corporation Name

CITY-ST-ZIP "

A TOUCH OF CLASS CLEANERS, INC.

Principal Plac	ce of Business	Mailing Address			•		
11940 US HW	Y ONE	11940 US HWY ONE					
SUITE 113 &	114	SUITE 113 & 114					
NORTH PALM	BEACH FL 33408	NORTH PALM BEACH FL 3	33408		DO NOT WRITE IN THIS S	SPACE	
					3. Date incorporated or Qualifed		
					12/22/1993		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	AU-45	
<u> </u>		<u> </u>				Applied For	
21 Suite Ant	#	26			65-0456482	Not Applicab	
		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional	
22		27			5.	Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes the current year Intar	ngible	
24	25	29	30		Personal Property Tax.	∐ Yes ∑ No	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered A	gent	
		2 1 1	8	Name			
	EN STEINHORN & CO INC.	**	<u> </u>				
100	1 North Us Hwy. One		82	2 Street	t Address (P.O. Box Number is Not Acceptable)		
STE	. 600		8:	1		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
JUP	PITER FL 33477		"	1		内的自己的复数形式	
			84	City		85 Zip Code	
1.500.00.00	s* a.	<u> </u>			FL	1 1	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above	e-named	d corporation submits this statement for the purpose of choration's board of directors. I hereby accept the appoint	nanging its registered	
agent. I a	am familiar with, and accept the obligation	tions of, Section 607.0505, Flor	rida Statute	y une comp S.	poration's board of directors. I hereby accept the appoint	ment as registered	
SIGNATURE							
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered Age	ent signature	required when reinstating). DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONO/ONANOCO TO OCCIDEND AND	2.22.22.22	
			13.		AUDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	☐ Change ☐ Additi	
TITLE NAME	D SEEDARNEE, ELSIE N						
İ	SEEDARNEE, ELSIE N		1.1 TITLE 1.2 NAME	T ADDRESS	. [
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90008 041 ***150.00