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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morth sm Secretary of State

**FILED** 

Jun 06 1997 8:00am

Secretary of State

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**DIVISION OF CORPORATIONS** 

DOCUMENT # P9400036791 (9)

**CLEANING DEPOT USA, INC.** 

Delevel 100					
Principal Place of Business Mailing Addres 2139 UNIVERSITY DR. 2139 UNIVERSITY					
SUITE 213 CORAL SPRINGS FL 33071		SUITE 213 CORAL SPRINGS FL 33071-6134			
				<ol> <li>Date Incorporated or Qualif 05/16/1994</li> </ol>	ied 3a. Date of Last Report 05/01/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0499802	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & Stato		6. Election Campaign Financir	
23		28	<u> </u>	Trust Fund Contribution	Added to Fees
Zίρ	Country	Zip	Country		for intangible tax under s. 199.032,
24	25 9. Name and Address of Currer		90]	Florida Statutes  10. Name and Address of New	Yes No
OIE		in Holietolog Agent	81 Name		v neglatered Agent
SIEGEL, MARC			EL	IZABETH K	AVANAGH
	'AL PALM BLVD. IAL SPRINGS FL 33073				potable) IL - 1 =
COR	UL SPRINGS PL 330/3		83 2189	Duiversity +	R 4-215
			84 Circor	PAL Spring	FL 85 Zip Code 71
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.					
SIGNATURE Signature, type or priviled name of registaired agent and the application. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE					
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO C	FFICERS AND DIRECTORS IN 12
TITLE	Р	DELETE	1.1 TITLE		Change Addition
NAME	KAVANAGH, ELIZABETH M.		1.2 NAME		
STREET ADDRESS	2139 UNIVERSITY DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY - ST - ZIP		
TITLE	SV	☐ DELETE	2.1 TITLE		Change Addition
NAME	AITUDILLO, ANGELA		2.2 NAME		
STREET ADDRESS	2139 UNIVERSITY DR.		23 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2.4 CHY-S1-7IP		·
TITLE		☐ DELE1E	31 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-7IP		
TITLE		☐ DEFELE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		ĺ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Ido 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. EZ124BETH KAUNITE