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 # P9400036791

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

CLEANING DEPOT USA, INC.

	·						INTER BILLI FORT	Q 10121 (ID) (BB)	
Principal Place of Business Mailing Address									
2139 UNIVERSITY DR. 2139 UNIVERSITY DR. SUITE 213 SUITE 213						· \			
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 3307						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 05/16/1994			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For	
21	المحاف المراباتين منتج بمينيا	26		-		65-0499802	N	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	Additional	
22	•	27				5. Certificate of Status Desired	Fee R	Required	
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Count	try		8. This corporation owes the current year Inter-	angible	_	
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	t Registered Agent	\longrightarrow			10. Name and Address of New Registered	Agent		
	AAAAAA FARABETII		18	1 18	Name				
	ANAGH, ELIZABETH		1	82 9	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	UNIVERSITY DR		OZ Street Add		0110011100				
#213			1	83					
COR	AL SPRINGS FL 33071		ļ.	04	City		85 Zip	Code	
	•			84	City	FL	. 63 219	Code	
office or re agent. I a	egistered agent, or both, in the State or rn familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flor	uthorized i rida Statut	by the tes.	e corporation	ration submits this statement for the purpose of 's board of directors. I hereby accept the appoint	ntment as re	egistered	
	Signature, typed or printed name of registered agen	ID DIRECTORS	13.	gent sk	ignature required w	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	ORS IN 12	
12.	P	□ DELETE	1.1 TITU	E		ADDITIONO (IANGES 10 OF 10 CHO)	Change		
	KAVANAGH, ELIZABETH M.		1.2 NAM				_, _	1	
NAME OFFICE ADDRESS	2139 UNIVERSITY DR.		1.3 STR		DOBESS		,	(
STREET ADDRESS	CORAL SPRINGS FL		1.4 CITY		1			1. 1. 1	
CITY-ST-ZIP	SV	☐ DELETE	-2.1 TITU		<u> </u>		Change	Addition	
TITLE		C DELETE .	2.2 NAM						
NAME	AITUDILLO, ANGELA 2139 UNIVERSITY DR.	· · · · · · · · · · · · · · · · · · ·	2.2 NAM		DDDEDE	and the second second	•		
STREET ADDRESS		, -						Ì	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	☐ DELETE	2, 4 CITS 3,1 TITL		ZIP		Change	Addition	
TITLE:		Deceie					(
NAME			3.2 NAM						
STREET ADDRESS					DDRESS		;		
CITY-ST-ZIP	4	C ocuere	3.4. CIT		ZIP		☐ Change	Addition	
TITLE	1	☐ DELETE	4.1 TITL		1		[_] Criange		
NAME			4. 2 NAN					. ,	
STREET ADDRESS	_	•	4.3 STR	(EET AD	DDRESS			Ť	
CITY-ST-ZIP			4.4 CITY		ZIP		Charac	Addition	
TITLE		☐ DELETE	5.1 TITL				☐ Change	Addition	
NAME			5.2 NAM				•	1	
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			5.4 CITY		ΔP				
TITLE .		☐ DELETE	6.1 TITL				☐ Change	☐ Addition	
NAME			62 NAM	Æ	ļ	•			

FILED Apr 26, 1999 8:00 am

Secreta	irv	of S	ta	te		
04-26-1999	90040	018 ***	150.	00		
1841801 118 <u> </u> 1111 11811 40 111 001				HE 1161 1991		
:						
DO NOT WRIT	TE IN TH	S SPACE				
corporated or Qualifed						
/1994 mber			A	find For		
99802		·		lied For Applicable	-	
te of Status Desired				5 Additional		
n Campaign Financing	uired May Be					
und Contribution				Fees		
rporation owes the curre	ent year I	ntangible X Yes	1	□No		
al Property Tax. and Address of New R	legistere					
Number is Not Accepta	ible)					
	F	85	Zip C	ode]	
s this statement for the lirectors. I hereby accep	purpose of the app	of changing	g its r s reg	egistered istered		
·						
NS/CHANGES TO OFF	DATE FICERS A	ND DIREC	CTOF	RS IN 12	(86)	
MOJORIANGES 10 OI I	102.107	Char		Addition	11	
		•		1	34	
		•		1	CR2F034 (11/98)	
		☐ Chai	ıge	Addition	ن ا	
	~- \. ~.	2				
				!		
	•	[] Chai	ъge	Addition		
			٠,			
·		☐ Cha	nge	Addition		
				* 1	ļ	
		☐ Cha	nge :	Addition		
		•	Ĺ			
		☐ Cha	nge	Addition]	
					1	

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

6.3 STREET ADDRESS

SIGNATURE