## 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 #	P94000049004
1 Corporation Name	1 0 10000 1000 1

AKD CLEANERS, INC. .

Principal Place of Business						
668 SOUTH PATRICK DRIVE						
SATELLITE REACH EL 32937						

Mailing Address

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90009 013 \*\*\*150.00



SATELLITE BEACH FL 32937  SATELLITE BEACH FL 32937  SATELLITE BEACH FL 32937			DO NOT WRITE IN TH	IIS SPACE	
			3. Date Incorporated or Qualifed		
			06/30/1994		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
m ·	26	_	59-3259669	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip Col	untry	This corporation owes the current year     Personal Property Tax.	Intangible ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
PIKE, DONALD H		81 Name			
668 SOUTH PATRICK DRIVE		82 Street Address (P.O. Box Number is Not Acceptable)			
SATELLITE BEACH FL 32937		83			
		84 City	F	L 85 Zip Code	
44 Diversions to the provinces of Sections 607.05	02 and 607 1508. Florida Statutes, the s	ahove-named corro	oration 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 ai	m ramiliar with, and accept the obligations of,	Section 607.0005, Flori	oa Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: 1	Registered Agent signature required	i when reinstating)	DATE	
12.	OFFICERS AND DIRE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	□ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	ANDERSON, KATHARYN A		1.2 NAME			
STREET ADDRESS	668 SOUTH PATRICK DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32937		1.4 CITY-ST-ZIP			
TITLE	VSTD	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	PIKE, DONALO H		2.2 NAME			
STREET ADDRESS	106 CHRISTINE CIRCLE		2.3 STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32937		2, 4 CITY-ST-ZIP			
TITLE	VPD	☐ DELETE	3.1 TITLE		Change	Addition
NAME	PIKE, ARLENE M		32 NAME			
STREET ADDRESS	106 CHRISTINE CIRCLE		3.3 STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32937		3.4. CFTY-ST-ZIP			
TITLE		☐ DELETE	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 TTLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			'
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	1994 The Control of t	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME	A TO STATE OF THE PARTY OF		6.2 NAME			
STREET ADORESS	Williams and would be a		6.3 STREET ADDRESS			
CITY-ST-ZIP	·		6.4 CITY-ST-ZIP	<u></u>		

14. I hereby certify that the information supplied with this filling 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.

