PROFIT CORPORATION ANNUAL REPORT

1999



TΕ

Katherine Harris

DIVISION OF CORPORATIONS

DOCUMENT # P9400056786 1. Corporation Name

CHAMPIONSHIP INDUSTRIAL CLEANING, INC.

Principal Place of Business	Mailing Address		
47 Brooklyn in Ike worth fl 33461 S	3547 BROOKLYN LN LAKE WORTH FL 33461 US		
Principal Place of Business	2a. Mailing Address		
11	26		

- City & State:

Zip

28

25 29 9. Name and Address of Current Registered Agent

Country

WILCOX, VILMA A
3547 BROOKLYN LN
7-35
LAKE WODTH EL 22/61

23

24

Zip

FLORIDA	DEPART	MENT	OF	STAT

Secretary of State

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90051 045 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

Fee Required \$5:00 May Be

Added to Fees

☐ Yes

□No

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

07/29/1994 4, FEI Number

65-05 15411

#7-35 LAKE WORTH FL 33461		83						
		84	City	FL	85	Zip Co	ode	
office or r	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	i change was autho	nzed by	the corpo	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoint	changi	ing its re as regi	egistered stered
SIGNATURE	. Signature, typed or printed name of registered agent and title if applicable	. (NOTE: Reg	istered Age	nt signature r	required when reinstating) OATE			
12.	OFFICERS AND DIRECTORS	<u></u>	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIF	ECTOR	IS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				hange	☐ Addition
NAME	WILCOX, VILMA A		1.2 NAME					
STREET ADDRESS	3547 BROOKLYN LN		1.3 STREE	T ADDRESS				
	LAKE WORTH FL		1.4 CITY-5	ST-7IP				
CITY-ST-ZIP	LANE WORTH L	☐ DELETE	2.1 TITLE	, .			hange	Additio
NAME			2.2 NAME					
STREET ADDRESS				T ADDRESS				
			2.4 CITY-					
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NAME	•	1	4. 2 NAME					
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CITY-ST-ZIP	·	1	4.4 CITY-5					
TITLE		☐ DELETE	5.1 TITLE				hange	MibbA [_]
NAME	·	1	5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADDRESS	•		•	
CITY-ST-ZIP			5.4 CiTY-	ST-ZIP	•			
TITLE		☐ DELETE	6.1 TITLE			c	hange	Addition Addition
NAME			6.2 NAME		<u> </u>			
STREET ADDRESS			6.3 STREE	ET ADDRESS	·			
CITY-ST-ZIP	<u> </u> ;		6.4 CITY-1	ST-ZIP				
	1				I			

Country

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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.

(561) 966-1860