**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 08, 1999 8:00 am Secretary of State 04-08-1999 90101 026 \*\*\*150.00

**5** 1

## DOCUMENT # P9400058196

UNIVER									
UNIVERSITY CLEANERS, INC.									
	. <u></u>								
Principal Pla	ce of Business	Mailing Address	1 10011001 110 10111 20111						
3524 UNIVER AMPA FL 331	RSITY PLAZA 1613	13524 UNIVERSIT Tampa FL 33613				DO NOT IN	DITE IN TUIC	CDACE	
							RITE IN THIS	SPACE	
						3. Date Incorporated or Qualife 08/08/1994	,u		
. 5: -	O	2a. Mailing Addr	OPP			4. FEI Number		I A	pplied For
, , , ,	Place of Business	26	0.00			59-3264205			ol Applicable
Suite, Apt	t # etc	Suite, Apt. #	. etc.			<u> </u>		\$8.75	Additional
. '		27				5. Certificate of Status Desired		-Fee R	equired
City & Sta	ate	City & State				6. Election Campaign Financin	9 🗖	\$5.00	May Be
]		28		_		Trust Fund Contribution	· 🗆	Added	to Fees
Zip	Country.	Zip	0	Country		8. This corporation owes the co	ment year inta		
	25	29	30			Personal Property Tax.		Yes	EJN6
	9. Name and Address of Curr	rent Registered Agent		-		10. Name and Address of Nev	Kegistered A	agent	
VII.	4 CHONG T			81	Name				
	A, CHONG T.			82	Street Addre	iss (P.O. Box Number is Not Acce	ptable)		
	524 UNIVERSITY PLAZA								
	IRD FLOOR MPA FL 33613			83					
1 AV	MFA FL 33013			84	City			85 Zip	Code
							<u>FL</u>		
_	am familiar with, and accept the obli	igations of, Section 607.	0505, Florida S	itatutes.	uie corporatio	ration submits this statement for the board of directors. I hereby acc			
IGNATURE	Signature, typed or printed name of registered a	agent and life if applicable.	(NOTE: Regist	iwioles.	l signature required	When reinstating)	DATE		
IGNATURE	Signature, typed or printed name of registered a	agaitions of, Section 607.	(NOTE: Regist	ered Agen	_		DATE		
IGNATURE 2. LE	Signature, typed or printed name of registered OFFICERS	agaitions of, Section 607.	(NOTE: Regist	ered Agen	_	When reinstating)	DATE	D DIRECTI	DRS IN 12
IGNATURE 2. LE ME	Signature, typed or printed name of registered of PERCERS.  P  KIM, CHONG T.	agaitions of, Section 607.	(NOTE: Regist	ered Agen 13. 1 TITLE	t signature required	When reinstating)	DATE	D DIRECTI	DRS IN 12
IGNATURE 2. LE ME REET ADORESS	Signature, typed or printed name of registered OFFICERS  P  KIM, CHONG T.	agaitions of, Section 607.	(NOTE: Regist 1.	ared Agent 13. 1 TITLE 2 NAME	a signature required	When reinstating)	DATE	D DIRECTI	DRS IN 12 □ Addition
IGNATURE 2. LE ME REET ADDRESS Y-ST-ZIP	Signature, typed or printed name of registered of FICERS.  P KIM, CHONG T. s 9056 QUAIL CREEK DR.	eyert and bits if applicable.  AND DIRECTORS	(NOTE: Regist 1. 1. 1. 1.	ared Agent 13. 1 TITLE 2 NAME 3 STREET	a signature required	When reinstating)	DATE	D DIRECTI	DRS IN 12
IGNATURE  2.  LE  ME  REET ADDRESS  IY-ST-ZIP  LE	Signature, typed or printed name of registered of FICERS.  P KIM, CHONG T. s 9056 QUAIL CREEK DR.	eyert and bits if applicable.  AND DIRECTORS	(NOTE: Regist 1. 1. 1. 1. ELEYE 2.	erid Ageri 13. 1 TITLE 2 NAME 3 STREET	a signature required	When reinstating)	DATE	D DIRECTI	DRS IN 12 □ Addition
GNATURE LE WE REET ADDRESS Y-ST-ZIP LE ME	Signature, typed or printed name of registered of FICERS  P KIM, CHONG T.  9056 QUAIL CREEK DR.  TAMPA FL	eyert and bits if applicable.  AND DIRECTORS	(NOTE: Regist 1	ared Agent 13. 1 TITLE 2 NAME 3 STREET 4 CITY-ST	ADDRESS	When reinstating)	DATE	D DIRECTI	DRS IN 12 □ Addition
IGNATURE  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS	Signature, typed or printed name of registered of FICERS  P KIM, CHONG T.  9056 QUAIL CREEK DR.  TAMPA FL	egent and life if applicable.  AND DIRECTORS  D	(NOTE: Regist 1	ared Agent 13. .1 TITLE 2 NAME 3 STREET .4 CITY-ST .1 TITLE 2 NAME .3 STREET .4 CITY-ST	ADDRESS ADDRESS	When reinstating)	DATE	D DIRECTI Change	DRS IN 12 Addition
IGNATURE  2.  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP	Signature, typed or printed name of registered of FICERS  P KIM, CHONG T.  9056 QUAIL CREEK DR.  TAMPA FL	egent and life if applicable.  AND DIRECTORS  D	(NOTE: Regist 1	ared Agent 13. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST	ADDRESS ADDRESS	When reinstating)	DATE	D DIRECTI	DRS IN 12 □ Addition
agent. I. IGNATURE  2. ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE ME INSE IY-ST-ZIP ILE ME	Signature, typed or printed name of registered of FICERS  P KIM, CHONG T.  9056 QUAIL CREEK DR.  TAMPA FL	egent and life if applicable.  AND DIRECTORS  D	(NOTE: Regist 1	ared Agent 13. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 2 NAME	ADDRESS -ZIP ADDRESS 1-ZIP	When reinstating)	DATE	D DIRECTI Change	DRS IN 12 Addition
IGNATURE  Z.  LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	Signature, typed or printed name of registered of FICERS.  P KIM, CHONG T.  9056 QUAIL CREEK DR.  TAMPA FL.	egent and life if applicable.  AND DIRECTORS  D	(NOTE: Regist 1	ared Agent 13. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST	ADDRESS -ZIP ADDRESS 1-ZIP	When reinstating)	DATE	D DIRECTI Change	DRS IN 12 Addition
IGNATURE  I. LE WE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	Signature, typed or printed name of registered of FICERS.  P KIM, CHONG T.  9056 QUAIL CREEK DR.  TAMPA FL.	egations of, Section 607.	(NOTE: Regist 1	orad Agent 13. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-S' 1 TITLE 2 NAME 3 STREET 4 CITY-S' 2 NAME 3 STREET 4 CITY-S'	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	When reinstating)	DATE	D DIRECTI Change	DRS IN 12 Addition Addition
IGNATURE  I. LE WE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	Signature, typed or printed name of registered of FICERS.  P KIM, CHONG T.  9056 QUAIL CREEK DR.  TAMPA FL.	egations of, Section 607.	(NOTE: Regist 1	ored Agent 13. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 4 CITY-ST 1 TITLE 4 CITY-ST 1 TITLE 1 TITLE 1 TITLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	When reinstating)	DATE	D DIRECTI Change	DRS IN 12 Addition
GNATURE  LE  WE  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  WE  Y-ST-ZIP  LE  WE  REET ADDRESS  Y-ST-ZIP  LE	Signature, typed or printed name of registered of OFFICERS.  P KIM, CHONG T. S 9056 QUAIL CREEK DR. TAMPA FL.	egations of, Section 607.	(NOTE: Regist 1	pered Agent 13. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	When reinstating)	DATE	D DIRECTI Change	DRS IN 12 Addition Addition
GNATURE  LE WE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS REET ADDRESS REET ADDRESS	Signature, typed or printed name of registered of OFFICERS.  P KIM, CHONG T. S 9056 QUAIL CREEK DR. TAMPA FL.	egations of, Section 607.	(NOTE: Regist 1	pred Agent 13. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 2 NAME 3 STREET 3 STREET 3 STREET 3 STREET 3 STREET 3 STREET	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	When reinstating)	DATE	D DIRECTI Change	DRS IN 12 Addition Addition
IGNATURE  2.  LE  ME  REET ADDRESS  Y-ST-ZIP	Signature, typed or printed name of registered of OFFICERS.  P KIM, CHONG T. S 9056 QUAIL CREEK DR. TAMPA FL.	egations of, Section 607.	(NOTE: Regist 1	pred Agent 13. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 4 CITY-ST 4 CITY-ST 4 CITY-ST	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	When reinstating)	DATE	D DIRECTI Change Change	DRS IN 12 Addition Addition
IGNATURE  2.  LE  ME  REET ADDRESS  Y-ST-ZIP  LE	Signature, typed or printed name of registered of OFFICERS.  P KIM, CHONG T. S 9056 QUAIL CREEK DR. TAMPA FL.	egations of, Section 607.	(NOTE: Regist 1	ered Ageri 13. .1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	When reinstating)	DATE	D DIRECTI Change	DRS IN 12 Addition Addition
IGNATURE  2.  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME	Signature, typed or printed name of registered.  OFFICERS.  P KIM, CHONG T. 9056 QUAIL CREEK DR. TAMPA FL	egations of, Section 607.	(NOTE: Regist 1	ered Ageri  13. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 4 CITY-ST 1 TITLE 2 NAME 2 NAME	ADDRESS 1-2P ADDRESS 1-2P ADDRESS 1-2P ADDRESS 1-2P	When reinstating)	DATE	D DIRECTI Change Change	DRS IN 12 Addition Addition
IGNATURE  2.  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS	Signature, typed or printed name of registered.  OFFICERS.  P KIM, CHONG T. 9056 QUAIL CREEK DR. TAMPA FL	egations of, Section 607.	(NOTE: Regist 1	arred Agent 13. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET	ADDRESS ADDRESS ADDRESS - 2IP ADDRESS - 2IP ADDRESS - 2IP ADDRESS - 2IP ADDRESS	When reinstating)	DATE	D DIRECTI Change Change	DRS IN 12 Addition Addition
IGNATURE  2. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	Signature, typed or printed name of registered.  OFFICERS.  P KIM, CHONG T. 9056 QUAIL CREEK DR. TAMPA FL	egations of, Section 607.	(NOTE: Regist 1	ered Ageri  13. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 4 CITY-ST 1 TITLE 2 NAME 2 NAME	ADDRESS ADDRESS ADDRESS - 2IP ADDRESS - 2IP ADDRESS - 2IP ADDRESS - 2IP ADDRESS	When reinstating)	DATE	D DIRECTI Change Change	DRS IN 12 Addition Addition
IGNATURE  Z.  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS	Signature, typed or printed name of registered.  OFFICERS.  P KIM, CHONG T. 9056 QUAIL CREEK DR. TAMPA FL	egations of, Section 607.	(NOTE: Regist 1	ored Agent 13. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 4 CITY-ST 4 CITY-ST 5 TITLE 4 CITY-ST 5 TITLE 4 CITY-ST 6 CITY-ST	ADDRESS ADDRESS ADDRESS - 2IP ADDRESS - 2IP ADDRESS - 2IP ADDRESS - 2IP ADDRESS	When reinstating)	DATE	D DIRECTI Change Change	ORS IN 12 Addition Addition Addition Addition
IGNATURE  ILE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  ME  ME  ME  ME  ME  ME  ME  ME	Signature, typed or printed name of registered.  OFFICERS.  P KIM, CHONG T. 9056 QUAIL CREEK DR. TAMPA FL	egations of, Section 607.	(NOTE: Regist 1	arred Agent 13. 1 TITLE 2 NAME 3 STREET 4 CITY-ST	ADDRESS 1-2P ADDRESS 1-2P ADDRESS 1-2P ADDRESS 2P ADDRESS -7P	When reinstating)	DATE	D DIRECTI Change Change	ORS IN 12 Addition Addition Addition Addition
ET ADDRESS ST-ZIP  EET ADDRESS ST-ZIP  EET ADDRESS ST-ZIP  EET ADDRESS ST-ZIP  EET ADDRESS ST-ZIP	Signature, typed or printed name of registered.  OFFICERS.  P KIM, CHONG T. 9056 QUAIL CREEK DR. TAMPA FL	egations of, Section 607.	(NOTE: Regist 1	ored Agent 13. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 4 CITY-ST 1 TITLE 1 TITLE 4 CITY-ST	ADDRESS -ZIP ADDRESS	When reinstating)	DATE	D DIRECTI Change Change	ORS IN 12 Addition Addition Addition Addition

14. 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.

SIGNATURE:X	Chong	T.Kim.	Chong.	T. Kim.	Prasident	2-10-99, 80)	971-511
	IGNATURE AND THE OR	PRINTED NAME OF SIGNING OFF	ICER OR DIRECTOR		Date	Daytime Phone #	