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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9500003290

TIFFANY CLEANERS, INC.

Principal Place of Business

2. Principal Place of Business

670 E SEMORAN BLVD CASSELBERRY FL 32707

Suite, Apt. #, etc.

City & State

Mailing Address

670 E SEMORAN BLVD CASSELBERRY FL 32707

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90077 013 \*\*\*150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

01/11/1995

59-3320205

4. FEI Number

23		28					1_	Trust Fund Conf	tribution		Added to	o Fees	1
Zip	Country	Zip		Cou	ntry			3. This corporation	owes the cui	rrent year Inta	ngible		ł
24	25	25 29 30			J			Personal Proper	ty Tax		☐ Yes	□No	
				10	D. Name and Add	ress of New	Registered A	gent					
					81	Name							ł
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WINTER PARK FL 32792					83								}
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					84	City				FL	85 Zip (	.ode =_` ⇒ <del>==</del>	تدا
11 Oursuant	to the provisions of Sections 607 0502	and 607 150	8 Florida Statutes	the a	bove	named co	corporati	on submits this sta	tement for the	e ourpose of o	changing its	registered	1
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										DATE			ا ۔
	Signature, typed or printed name of registered agent a OFFICERS AND		<del></del>	gistered 13.	Agent	signature requ	iquired wher	ADDITIONS/CHA	NGES TO O		DIRECTO	RS IN 12	ĺ
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	Fig. 1			6.4 C	TY-ST	-ZIP		-					
14. I hereby o	ertify that the information supplied with	this filing do	es not qualify for the	ne exe	mptic	on stated in	in Secti	on 119.07(3)(i). Flo	orida Statutes	. I further cert	ify that the i	nformation	4 ÷ ~
indicated	on this annual report or supplemental a	innual report	t is true and accura	te and	that	my signatu	ature sha	all have the same I	egal effect as	if made unde	r oath; that	l am an	

officer or director of the corporation or the receiver or trustee empowered 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.

407-831-3131