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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000007897 (8)

ACE QUALITY CLEANERS, CORP.

Principal Place	e of Businos	\$	Mailing Ac	Mailing Address					
431 E. MICHIGAN ST.			431 E. MK	431 E. MICHIGAN ST.					
ORLANDO FL 32806			ORLANDO	ORLANDO FL 32806				DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified	
								01/26/1995	
2. Principal Pl	ace of Busin	1088	2a, Mailing	2a, Mailing Address				4. FEI Number Applied For	ᅱ
21			26	26				<b>59-3296058</b> Not Applicab	ile
Sulte, Apt.	#, etc.		Suite, /	Suite, Apt. #, etc.				5 Cartificate of Status Desired S8.75 Additional	
22			27					Fee Required	4
City & State	Ð .		<sub>1</sub>	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country							<u>.</u>		
24	25		r	29 30		,,,,		8. This corporation owes or has paid the current bar Intangible Personal Property Tax due June 30. Yes \square No	
24)			Current Registered A	gent	1301	l		10. Name and Address of New Registered Agent	
FAR	AJI, EUGE					81	Name	3	
	E. MICHIG						Street A	t Address (P.O. Box Number is Not Acceptable)	$\dashv$
	ANDO FL						Ollocti	( Address ( 1.0. Dox Humber to Her Noceptable)	
0.12.1,50									l
						84	City	<b>■. 85</b> Zip Code	ᅱ
							•	FL   "   "	
office or re	edistered ad	ient, or both, in the	State of Florida, Such	i change was a	authorize	d by	the corp	d corporation submits this statement for the purpose of changing its registere propration's board of directors. I hereby accept the appointment as registered	d
agent. I a	m <b>fam</b> iliar wi	th, and accept the	obligations of, Section	n 607. <b>0</b> 505, Fl	orida Stat	lutes	i.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE					E. B later			re required when reinstating) DATE	
12,	Signature, type-l		tered agest and little disophicab RS AND DIRECTORS	и· (NO:	13.	a Age	n signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	$\neg$
TITLE	D DELETE				1.1 TOLE		Change Addition	on	
NAME	FARAJI.	EUGENIA G		1.2 N		AME	ľ		
STREET ADDRESS	4477 4441444 67			1,3 ST			ADDRESS		
City-ST-ZIP	ORLAND	O FL 32807			1.4 0	TY-S	T-ZIP		
TITLE	0			DELETE	2.1 TI	TLE	- 1	Change Addition	nc
NAME		HOSSEIN			2.2 N	AME	I		
STREET ADDRESS		NNSAIL CT.			235	TREET	ADDRESS		
CITY-ST-ZIP	ORLAND	O FL 32807		DELETE			ST - ZIP	Change Addition	
TITLE				☐ DELETE	3.1 1)			Change Addition	JH
NAME					3.2 N				
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP TITLE				DELETE	3.4. U		3T - ZIP	Change Addition	on
NAME					4.21				
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP						ITY-S			
TITLE				DELETE	5.1 1			☐ Change ☐ Addition	on
NAME					5.2 N				
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP						11Y-S	l l		
TITLE		<del></del>		DELETE	6.111			Change Addition	on
NAME					6.2 N	AME	- 1		
STREET ADDRESS					6.3 \$	IRFET	ADORESS		

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 trusted 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

**FILED** 

May 06 1998 8:00am

Secretary of State