May 08, 1999 8:00 am Secretary of State

05-08-1999 90053 024 \*\*\*150.00

## 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 #** P95000011704

1. Corporation Name

PERSON	IAL TOUCH CLEANING AF	NU MANAGEMENT, INC.						
Principal Place of Business Mailing Address					_	, 12011201 (10 101101 01111 01111 01111 01111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
634 JENKINS STREET 634 JENKINS STREET								
SEBASTIAN FL 32958 SEBASTIAN FL 32958						DO NOT WRITE IN TH	IIS SPACE	
	•					3. Date Incorporated or Qualifed		
						02/10/1995		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		pplied For
21 26						65-0558176	1	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				<u>_</u>	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee F	Required
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28			_	Trust Fund Contribution	Added	i to Fees
Zip	Country	Zip	Countr	У		8. This corporation owes the current year		<b>v</b> =1
24	25		30			Personal Property Tax.	Yes	Ä∏No
	9. Name and Address of Curre	ent Registered Agent	8.	т	Name	10. Name and Address of New Registere	a Agent	
HILL	, LINDA S		0	'\	Name			
634 JENKINS ST.			82	2	Street Ac	idress (P.O. Box Number is Not Acceptable)		
SEBASTIAN FL 32958			8:	+	_			
OLD	NOTIFIE GESGO		l°`	'				
			84	84 City		F	85 Zip	Code
44 5	to the annihing of Spatians 607.00	502 and 607 1509 Elorida Statuta	e the abov		named co			s registered
office or n agent. La	egistered agent, or both, in the Statem familiar with, and accept the obliq	e of Florida. Such change was augations of, Section 607.0505, Flor	ithorized by ida Statute	y th	ne corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the applications are supported by the second statement of the purpose of the second	ointment as r	egistered
SIGNATURE						uired when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R  12. OFFICERS AND DIRECTORS			<del></del>	egistered Agent signature required 13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	PTD					PSTD	X Change	
NAME	HILL, JEANNE M	<b>—</b>	1.2 NAME		*			
STREET ADDRESS				1.3 STREET ADDRESS				Į.
				1.4 CiTY-ST-ZIP				1
CITY-ST-ZIP	SVD	XI DELETE	2.1 TITLE				Change	Addition
NAME	Q1D		2.2 NAME		ļ			ſ
STREET ADDRESS			2.3 STRE	2.3 STREET ADDRESS				
CITY-ST-ZIP			2 4 CITY-	2 4 CITY-ST-ZIP				
TITLE	72.10 02.1011 12.0200 22.1	☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STRE	ET AI	DORESS			
CITY-ST-ZIP				3.4. CITY-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-	4.4 CITY-ST-ZIP				
TITLE			5 1 TITLE				☐ Change	Addition
NAME			52 NAME					
STREET ADDRESS 5.		5.3 STRE	5.3 STREET ADDRESS					
Citi-S)-Zir			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE		i		Change	Addition
			6.2 NAME		ı			

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 the 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, of on an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: JEANNE M. HILL PRESIDENT

04/30/99 Date

(561)388-1238

Daytime Phone #