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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

Addition

Addition

- 1 2002/2001 AND 1010/E Dirit Data About about being talet alber and a bout being talet fool

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000024608 (8)

CRYSTAL CLEAR CLEANING CO., INC.

3. Date Incorporated or Qualified 3. Date Incorporated or Qualified 3. Date of Last Hoport 03/28/1995 3. Date of Last Hoport 03/28/1995 4. FEI Number 55-060/0902 50/16, Apt. #, etc. 50/1								
3. Date Incorporated or Qualified 3e. Date of Last Report 03/28/1995 03/28/	Principal Place of Business Mailing Address					a controduction three misting open and the sound sound that name again 1014 1014 1014		
2. Principal Place of Business 2a. Mailing Address 2a. Mailing	2855 N.E. 15TI POMPANO FL	H STREET 33082						
2. Principal Place of Business 2.a. Mailing Ackress 4. FEI Number Applied For Not	*					'		
Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. 27		lace of Business	<u> </u>			4. FEI Number	Applied For	
City & State Country Coun	21]	# etc				65-0600902		
28 Country Zip Added to Fees Riving Added to Fees Riving Added to Fees Riving Added to Fees Riving Rivin	22		27			5. Certificate of Status Desired		
Zip Country Zip So Country Zip So Country Zip So Country So This corporation has liability for intangible tax under s. 199 032. So Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. N	City & Stat	6	├ ─ ┐ ′					
Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes. Thereby accept the appointment as registered agent, and accept the obligations of Section 607.0505, Florida Statutes. Signature Concept		Country		Col	intry			
MCBRIEN, KEVIN 2855 N.E. 15TH STREET POMPANO FL 33062 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 81 City FL 85 Zip Code 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 86 Zip Code 87 City FL 85 Zip Code 88 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City FL 85 Zip Code 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 81 City FL 85 Zip Code 82 Zip Code 83 Sirect Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 80	24	<u></u>	} '		y	· · · · · · · · · · · · · · · · · · ·	_ *	
MCBRIEN, KEVIN 2855 N.E. 15TH STREET POMPANO FL 33062 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 86 Zip Code 88 City FL 86 Zip Code 89 City FL 86 City FL 86 Zip Code 89 City FL 86 C	-71			1301	1			
2855 N.E. 15TH STREET POMPANO FL 33062 82 Street Address (P.O. Box Number is Not Acceptable) 83 Pd City FL 85 Zip Code 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 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, and familiar with collegations of Soctions of Ox 0505, Florida Statutes. 8IGNATURE 8 Sepature, typed or privated name of registered agent and title 4 synkleation 8 (NOT: Registered Agent algorithm regulatory with a regulatory with a corporation's board of directors. I hereby accept the appointment as registered agent, and familiar algorithms of registered agent and title 4 synkleation 8 (NOT: Registered Agent algorithms required when reindain g) 8 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1 TITLE 1 TITLE 1 STREET ADDRESS 1 TITLE 2 NAME 2 NAME 2 NAME 3 STREET ADDRESS 3 STREET ADDRESS 3 STREET ADDRESS 4 CITY-ST-ZP	MOI				81 Name			
POMPANO FL 33062 83								
B3 B4 City FL B5 Zip Code 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 agent, arm familiar with, and accopt the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and ritic if applicable. NOTE: Registered Agent signature required when reinstains; DATE 1. TITLE WAME 2. NAME 2. NAME 2. NAME 3. STREET ADDRESS DITY-\$1-ZIP MITE MAKE STREET ADDRESS DITY-\$1-ZIP DELETE 1. TITLE 1. TITLE 2. NAME 3. STREET ADDRESS 2. Additionally the corporation submits this statement for the purpose of changing its registered agent agent as provided by the corporation's board of directors. I hereby accept the appointment as registered agent agent agent agent signatures. NOTE: Registered Agent signature required when reinstains; DATE 1. TITLE 2. Additional to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. 1. TITLE 2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2. NAME 2. NAME 2. NAME 2. STREET ADDRESS 2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 3. STREET ADDRESS 2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 3. STREET ADDRESS 2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 3. STREET ADDRESS 2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 3. STREET ADDRESS 2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 3. STREET ADDRESS 2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 3. STREET ADDRESS 2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 3. STREET ADDRESS 2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 3. STREET ADDRESS 2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 3. STREET ADDRESS 3. STREET ADDRESS 3. STREET ADDRESS 4. CITY-\$1-ZIP 3. STREET ADDRESS 4. CITY-\$1-ZIP 3. STREET ADDRESS 4. CITY-\$1-ZIP					82 Street Address (P.O. Box Number is Not Acceptable)			
B4 City FL B5 Zip Code	FUN	MPANU FL 33002			83			
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 agent. I am familiar with, and accopt the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature		•			"			
The provisions of Sections 607,0502 and 607,1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes. Signature Signature typed or printed name of registered agent and tible it applicable. (NOTE: Registered Agent signature required when rehistancy) DATE 12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS DELETE DELETE DELETE DELETE Addition Addition Change Addition Addition Change Change Addition Change Change Addition Change Addition Change C					84 City		FL 85 Zip Code	
SIGNATURE Signature: typod or printed name of registered agont and title if applicable. (NOTE: Registered Agont signature required when reinstaining) 12.	11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida State of Florida Such change wa	utes, the a s authotize	bove-named d by the cor	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstance) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TITLE WAME WCBRIEN, RACHEL 2055 N.E. 15TH STREET CITY-ST-ZIP POMPANO FL DELETE DELETE 1.1 TITLE 2.1 TITLE 2.2 NAME 3.5 STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE 2.1 TITLE 2.1 TITLE 2.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition Change Addition Change Addition Addition Addition Addition Addition Change Addition Addition Change Addition Addition Change Addition	_	im tamiliar with, and accept the oblig	jations of, Section 607.0505,	Florida Sta	tutes.			
TITLE NAME NAME NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE 1.1 TITLE 1.2 TITLE 2.1 TITLE 2.2 NAME 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 3.4 CITY-ST-ZIP Change Addilice Change Addilice Addilice STREET ADDRESS 2.4 CITY-ST-ZIP CHANGE 3.5 STREET ADDRESS 3.5 STREET AD	DIGITATIONE	Signature, typed or printed name of registered ag	ont and title if applicable. (N	OTE: Registers	d Agent signatur	e required when reinstating)	DATE	
MCBRIEN, RACHEL 2855 N.E. 15TH STREET POMPANO FL INTIE NAME STREET ADDRESS CITY-\$T-ZIP DELETE DELET	12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12	
NAME	TITLE	V	DELETE	1.11	ILE	1	Change 🖸 Addition	
NAME	NAME			1.2 N	AME	musicies kwis	,	
NAME	STREET ADDRESS			1.3 S	TREET ADDRESS	0855 NEVITH ST.		
NAME	CITY-ST-ZIP	POMPANO FL		1.4 0	ITY - \$T - 7IP	BOOK Pour DA	no Redo. DL 33061	
2 STREET ADDRESS 2 STREET ADDRESS 2 CHY-ST-ZIP	TITLE		DELETE	2.1 T	TLE		Change Addition	
2 4 CITY - \$1 - 71P	NAME :		•	2.2 N	AME			
2 4 CITY - \$1 - 71P	STREET ADDRESS			2.3 S	TREET ADDRESS			
TOTLE DELETE 3.1 TITLE Change Addilion NAME \$2 NAME \$3.3 STREET ADDRESS CITY-\$1-ZIP \$4. CITY-\$1-ZIP	CITY-ST-ZIP							
STREET ADDRESS 3.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP	TOLE		☐ DELETE				Change Addition	
STREET ADDRESS 3.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP	NAME			3 2 N	AME			
CITY-\$1-ZIP 3.4. CITY-\$1-ZIP				I !'	•			
·	1							
	TITLE		DELETE				Change Addition	

4. CITY-SI-ZIP

14. I do 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.

2 NAME

5 1 HTLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

44 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP