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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

## **FILED** May 09 1997 8:00am Secretary of State

1997	A STATE OF THE STA	DIVISION OF CORPORATIONS		Secretary of State	
DOCUMENT 1. Corporation Name A - PLUS	# P9500 Uniforms,	TNC.	58		
Principal Place of Busine		ting Address			
4				4/17/95	Date of List Riport 5/1/9/6
2. Principal Place of Bus 21 4626 Ho	11 v w 00 b b Lub 26	Mailing Address		4. FEI Number 65-056962	Applied For Not Applicable
Suite⊭Apt #, etc	27	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	71	City & State		6. Election Campaign Financing	\$5.00 May Be
23 HOllywo	Country	Zip	Country	8. This corporation has liability for intangible	Added to Fees e, tax under s. 199.032,
24 33021 9 Nam	25 BROWARD 29 e and Address of Current Registe	ered Agent	30	Florida Statutes Yes  10. Name and Address of New Registered	
	Sue Kugein		B1 Name		
Hbale H	Ollywood Al	Lup	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
4011	1000 7L 330	21	B3		
Hollyw	000/10	~ (	84 City	Fl	85 Zip Code
11. Pursuant to the provi	sions of Sections 607,0502 and 607	7.1508, Florida Statu	tes, the above-named corp	poration submits this statement for the purpose	of changing its registered
office or registered a agent. I am tamiliar v	gent or both, in the State of Florida vith and accept the obligations of, t	Section 607.0505, F	authorized by the corporal lorida Statutes.	tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE Signal rectype	it or professioaname of registered agent and life if i	applicable (NO	TE: Registered Agent signature regul	red when reinstating) DATE	
12.	OFFICERS AND DIRECT	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
HAMI DEBI	SIDENT BIE SUE KUGE( D NEIR3M ST NTURA;FL3	□ DELETE -mAN	1.1 TITLE 1.2 NAME		D DIRECTORS IN 12 Change Addition
STREET ADDRESS 378	D NE18314 St		1.3 STREET ADDRESS		
CIY-SI-7IP AUE	NTURA FL3	3160	14 CITY - ST - ZIP		
11/11		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME SIRREFT ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY St. AP			2. 4 CITY-ST-ZIP		
THE.		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAM!			3.2 NAME		
STHIET ACCRESS			3 3 STREET ADDRESS		
CIDY ST ZIF	·	DELETE	3.4. CITY-S1-ZIP }		Change Addition
NAME			4. 2 NAME		La orango La roomon
STRICT ADDITISS			43 STREET ADDRESS		
Of (S. 79			4.4 CHTY - ST - 7IP	<i>_</i>	
THEF		L DELETE	5 1 TITLE	<i> </i>	Change
NAME			5 2 NAME	Sh L	19/90
STREET A URIUSE			5.3 STREET ADDRESS	$\mathcal{A}\cup\mathcal{A}$	11/1-
1) (f	pp	☐ DELETE	5 4 CITY - ST - ZIP 6 1 TITLE	<i></i>	Change Addition
NAM		-	62 NAME	4000021857	64
STREST ADDRESS			6.3 STREET ADDRESS	4000021857 -05/20/97010960 ***165.00	)30 ·
013 51 73 L	The state of the s	All on all of the All of	64 CITY-ST-7IP	***165.00	
e'ornater indicates	at the information supplied with this I on this annual report or supplemen	ntal annual report is	true and accurate and that	d in Section 119.07(3)(i), Florida Statutes. I further my signature shall have the same legal effect to the same legal ef	or certify that the is if made under oath; that
	ector of the corporation of the record or Black 13 if changed, or on an att			rt as required by Chapter 607, Florida Statutes.	and that my name