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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000081350 (7)

PROFESSIONAL CLEANERS, INC.

Principal Place of Business Mailing Address 17726 PINES BLVD. 312 INDIAN TRACE

FILED Jan 20 1998 8:00am Secretary of State



US WESTON PL 33326				DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualified				
					10/24/1995				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		1 7	Applied For	
21 312 INDIAN TRACE 26					65-0614130			Not Applicable	
- Suite. Apt. #, etc. Suite, Apt. #, etc.						Nor		Additional	
22 WESTOH, FL. 27					5. Certificate of Status Desired	X		Required	
City & State City & State					6. Election Campaign Financing		\$5.0	May Be	
23 28					Trust Fund Contribution			to Fees	
Zip Country Zip 24 333 25 PRNUAN 29				intry	8. This corporation owes or has paid	d the curre			
24 Por	29	30		Personal Property Tax due June 3		-	☐ No		
	9. Name and Address of Current	Registered Agent	, , , , , , , , , , , , , , , , , , , ,		10. Name and Address of New Reg		ent		
SE	GAL, WILLIAM J ESQ.			81 Name					
20801 BISCAYNE BLVD. STE 304					82 Street Address (P.O. Box Number is Not Acceptable)				
AVENTURA FL 33180					Juless (P.O. Box Number is Not Acceptable	3)			
				83					
				84 City		FL	85 Zip	Code	
11. Pursuant i	to the provisions of Sections 607.0502	and 607,1508, Florida S	tatutes, the a	pove-named co	orporation submits this statement for the or	irnose of ci	handina	its registered	
office or re	egistered agent, or both, in the State	of Florida, Such change v	vas authorize	d by the corpo	orporation submits this statement for the puration's board of directors. I hereby accept	the appoir	ntment a	s registered	
	m lamilar with, and accept the obliga	tions of, Section 607.0505	o, Florida Stai	utes.					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if annicable	/NOTE Pagistera	Agent eigenture re	equired when reinstating)	DATE			
12.	OFFICERS AND		13.	2 Agent aignature re	ADDITIONS/CHANGES TO OFFICE		VIRECTO	RS IN 12	
TITLE	Ď	DELETE		TLE .	7.00711011030124102010 011102		Change	. Addition	
NAME .	GREENSTEIN, ALAN		1.2 N/						
STREET ADDRESS	11410 LAKESHORE DRIVE			REET ADDRESS					
CITY-ST-ZIP	COOPER CITY FL 33026		1						
TITLE		DELETE		TY-ST-ZIP			Change	Addition	
NAME			2.2 N	-		<u> </u>	_ Change	L Addition	
STREET ADDRESS				· .					
1				REET ADDRESS					
CITY-ST-ZIP		DELETE		TY-ST-ZIP			T 01	P 2 2 100	
NAME		T neftere				<u>!</u>	Change	Addition	
			3.2 N/					İ	
STREET ADDRESS				REET ADDRESS					
CiTY-ST-ZIP	······································			TY-ST-ZIP					
TITLE		DELETE	4.1 TII	l.		Ŀ	Change	Addition	
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET ADDRESS					
CiTY-ST-ZiP				Y-ST-ZIP					
TITLE		☐ DELETE	5.1 Til	LE		L.	Change	Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET ADDRESS					
CITY - ST - ZIP			5.4 CI	Y-ST-ZIP					
TITLE		☐ DELETE	6,1 TI	LE			Change	Addition	
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST.	REET ADDRESS				1	
CITY-ST-ZIP			6,4 CIT	Y-ST-ZIP					
	ertify that the information supplied with	n this filing does not quali	fy for the exe	mption stated	in Section 119.07(3)(i), Florida Statutes. I fu	rther certify	y that the	information	
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 eath; that I am an officer or director of the corporation or the receiver or trustee simplewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted or on an attachment with an address.									

SIGNATURE:

SIGNATURE ATAN GREENSTON