

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 # P96000011602

1. Corporation Name

THE BEST AND THE GREATEST DRY CLEANING, INC.

Principal Place of Business

10132 W. OAKLAND PK BLVD
SUNRISE FL 33351

Mailing Address

10132 W. OAKLAND PK BLVD
SUNRISE FL 33351

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90056 003 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1996

4. FEI Number

65-0706212

Applied For

Not Applicable

5. Certificate of Status: Desired ☐ ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

LAWRENCE J. SHAPIRO & ASSOC., P.A.
80 S.W. EIGHTH STREET
SUITE 2180
MIAMI FL

10. Name and Address of New Registered Agent

81 Name

GREGORY MAGALIOS

82 Street Address (P.O. Box Number is Not Acceptable)

7660 WESTWOOD DR. APT. 612

83

84 City

TAMARAC

FL

85 Zip Code
33321

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 office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Gregory Magalios

(VP)

1/11/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

TITLE PSD
NAME SCHWARTZ, BRUCE
STREET ADDRESS 10132 W. OAKLAND PK BLVD
CITY-ST-ZIP SUNRISE FL 33351

TITLE VTD
NAME MAGALIOS, GREGGORY
STREET ADDRESS 10132 W. OAKLAND PK BLVD
CITY-ST-ZIP SUNRISE FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Gregory Magalios

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 954 7429672

Date

Daytime Phone #

CR2E034 (1/98)