

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90228 046 \*\*\*150.00

DOCUMENT # P96000027891

1. Corporation Name

AMERICLEAN DRYCLEANING CORP.

Principal Place of Business

2298 NW 2 AVE  
SUITE 21  
BOCA RATON FL 33431  
US

Mailing Address

2298 NW 2 AVE  
SUITE 21  
BOCA RATON FL 33431  
US

2. Principal Place of Business

21 10034 SPANISH ISLES BLVD

2a. Mailing Address

26 10034 SPANISH ISLES BLVD

Suite, Apt. #, etc.

22 C-17

Suite, Apt. #, etc.

27 C-17

City & State

23 BOCA RATON, FLA

City & State

28 BOCA RATON FLA

Zip

24 33498

Country

25 USA

Zip

29 33498

Country

30 USA

9. Name and Address of Current Registered Agent

KLEINMAS, HARVEY  
2298 NW 2 AVE  
SUITE 21  
BOCA RATON FL 33431

3. Date Incorporated or Qualified

03/29/1996

4. FEI Number

65-0655212

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

10. Name and Address of New Registered Agent

81 Name

HARVEY KLEINMAN

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

10034 SPANISH ISLES BLVD

83

84 City

BOCA RATON

FL

85 Zip Code

33498

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME KLEINMAN, HARVEY  
STREET ADDRESS 2298 NW 2 AVE  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE HARVEY KLEINMAN  
1.2 NAME 10034 SPANISH ISLES BLVD  
1.3 STREET ADDRESS C-17 BOCA RATON FL 33498  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/99 561 8529772

0337963

CR2E034 (11/98)