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 # P96000027967 1. Corporation Name

SINGER'S CLEANING SERVICES, INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90096 026 ***150.00



Principal Place of Business			M	Mailing Address								
660 FERN DRIVE PORT CHARLOTTE FL 33952				POST OFFICE BOX 3684 PORT CHARLOTTE FL 33949-3684								
			P(DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualifed			
									04/01/1996		İ	
2. Principal Place of Business			2a	2a. Mailing Address					4. FEI Number	T A	pplied For	
' 			-	26					65-0701370	N	ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						\$8.75	Additional	
22				27					5. Certificate of Status Desired Fee Required			
City & State				City & State					6. Election Campaign Financing	\$5.00	May Be	
23			28	28					Trust Fund Contribution Added to Fees			
Zip					Zip Country				8. This corporation owes the current year Into	ingible	_	
24	[25	29			30			Personal Property Tax.	☐ Yes	□No	
	9. Name	and Address of Curren	t Regi	stered A	gent				10. Name and Address of New Registered	Agent		
							81	Name				
Singer, Donald F 660 Fern Drive							82	Street Address (P.O. Box Number is Not Acceptable)				1
POR	RT CHARLO	ITE FL 33952					83					
							84	City		85 Zip	Code	
									FL			
11. Pursuant	to the provisi	ons of Sections 607.050	2 and	607.1508	, Florida Statu	ites, the a	above	-named co	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoir	changing it itment as r	s registered egistered	
agent La	registered agt im familiar wit	th, and accept the obliga	tions o	of. Section	607.0505. FI	orida Stat	tutes.	ino oorpor			·	
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}				,								
SIGNATURE		or printed name of registered ager	nt and title	e if applicable	. (NOT	E: Registered	d Agen		quired when reinstating) DATE	D DIRECT	OPS IN 12	(86
SIGNATURE	Signature, typed		nt and title	e if applicable	. (NOT	E: Registered	d Agen		quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN			11/98)
SIGNATURE 12. TITLE	Signature, typed	or printed name of registered ager OFFICERS AN	nt and title	e if applicable	. (NOT	E: Registered 13.	d Ageni		and the familiary	D DIRECT		4 (11/98)
SIGNATURE	D SINGER,	OFFICERS AN	nt and title	e if applicable	. (NOT	13. 1.1 TI 1.2 N	d Ageni	t signature req	and the familiary			(034 (11/98)
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

941625-1925