PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000028624

Corporation Name

MY CLEANERS INC.

Principal Place of Business

1406 S.E. 17TH STREET FT. LAUDERDALE FL 33316 Mailing Address

1406 S.E. 17TH STREET FT. LAUDERDALE FL 33316

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90157 045 \*\*\*300.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/02/1996

| 2. Principal Pl                             | ace of Business  | 2a. Mailing Address   |  |  | 4. FEI Number   |                                |                            | plied For              |  |
|---|--|---|--|--|---|--------------------------------|----------------------------|------------------------|--|
| 21  | 26   |   |  |  | 65-0656001  |                                | No                         | t Applicable           |  |
| Suite, Apt.                                 | .#, etc. Suite, Apt. #, etc. 27  |   |  |  | 5. Certifcate of Status Desired   | See Required                   |                            |                        |  |
| City & State                                |  |   |  |  | 6. Election Campaign Financing  |                                |                            |                        |  |
| 23  | 28   |   |  |  | Trust Fund Contribution   |                                | Added t                    | o Fees                 |  |
| Zip   | Country  | Zip Country   |  |  | 8. This corporation owes the current year Intangible                            |                                |                            |                        |  |
| 24 25 29 30                                 |  |   | 0  | Torontal Troping   |   |                                | □No                        |                        |  |
|   | 9. Name and Address of Current   | Registered Agent  |  | T  | 10. Name and Address of New I   | Registered A                   | gent                       |                        |  |
| FUNDILLER, MICHAEL<br>1406 S.E. 17TH STREET |  |   |  | 81 Name  82 Street Address (P.O. Box Number is Not Acceptable) |   |                                |                            |                        |  |
| FT. LAUDERDALE FL 33316                     |  |   |  | 83   |   |                                |                            |                        |  |
| - 1. Hitemanian am ta tati                  |  |   |  |  |   |                                |                            |                        |  |
| ·   |  |   |  | 84 City FL 85 Zip Code   |   |                                |                            |                        |  |
| 11. Pursuant to office or reagent. Lar      | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State or<br>in familiar with, and accept the obligation | and 607.1508, Florida Statutes<br>Florida. Such change was authons of, Section 607.0505. Florid | the above the thick the th | e-named corp<br>the corporation                                | oration submits this statement for the on's board of directors. I hereby accept | purpose of co<br>of the appein | henging its<br>tment as re | registered<br>gistered |  |
| SIGNATURE                                   | Signature, typed or printed name of registered agent   | Α _   | VIII   | <u> </u>   | d when reinstating)   | 31210                          | ia                         |                        |  |
| 12.   | OFFICERS AND   |   | 13.  |  | ADDITIONS/CHANGES TO OF   | FICERS AND                     | DIRECTO                    | RS IN 12               |  |
| TITLE                                       | D  | ☐ DELETE  | 1.1 TITLE  |  |   |                                | Change                     | Addition               |  |
| NAME  | FUNDILLER, MIKE  |   | 1.2 NAME   |  |   |                                |                            |                        |  |
| STREET ADDRESS                              | 1406 17TH STREET   |   | 13 STREE   | TADDRESS   |   |                                |                            |                        |  |
|   |  |   | 1.4 CITY-S   |  |   |                                |                            |                        |  |
| City-St-Zip<br>Title                        | D  | ☐ DELETE  | 2.1 TITLE  | 1-21-  |   |                                | ☐ Change                   | Addition               |  |
|   | FUNDILLER, JACK  |   | 2.2 NAME   |  |   |                                | _ •                        | ļ                      |  |
| NAME  |  |   |  | TADDRESS   |   |                                |                            | 1                      |  |
| STREET ADDRESS                              |  |   |  | 1  |   |                                |                            |                        |  |
| CITY-ST-ZIP                                 |  |   | 2.4 CITY-8   | 01-28  | ا می درون میسوده ای   | · · · · · · ·                  | Change                     | Addition               |  |
|   | <del>-</del>   |   | 3.2 NAME   |  |   |                                |                            |                        |  |
| NAME  |  |   | 1  | TADDRESS   | •   |                                |                            | ļ                      |  |
| STREET ADDRESS                              |  |   |  |  |   |                                |                            | ,                      |  |
| CITY-ST-ZIP                                 |  | DELETE  | 3.4. CITY-5  | 31-4P  |   |                                | Change                     | Addition               |  |
| TITLE NAME                                  |  | <u>ب</u> ۵۰۰۰۱۲   | 4.2 NAME   |  |   |                                |                            |                        |  |
| STREET ADDRESS                              |  |   |  | TADDRESS   |   |                                |                            |                        |  |
| CITY-ST-ZIP                                 |  |   | 4.4 CITY-S   | i  |   | •                              |                            |                        |  |
| TITLE                                       | <del></del>  | ☐ DELETE  | 5.1 TITLE  |  |   |                                | Change                     | Addition               |  |
| NAME  |  |   | 5.2 NAME   |  |   |                                |                            |                        |  |
| STREET ADDRESS                              |  |   | 5.3 STREE  | TADDRESS   |   |                                |                            | }                      |  |
| CITY-ST-ZIP                                 |  |   | 5.4 CITY-S   | T-ZIP  | •   |                                |                            |                        |  |
| TITLE                                       |  | ☐ DELETE  | 6.1 TITLE  |  |   |                                | Change                     | Addition               |  |
| NAME  |  |   | 6.2 NAME   | ,  |   |                                |                            |                        |  |
| STREET ADDRESS                              |  |   | 6.3 STREE  | T ADDRESS  |   |                                |                            |                        |  |
| CITY-ST-ZIP                                 |  |   | 6.4 CITY-S   | T-ZIP  |   |                                |                            |                        |  |
| 44 I barabu a                               |  | thin filing door not qualify for t  | ne evemnt  | ion stated in 5  | Section 119.07(3)(i). Florida Statutes.   | Lfurther certi                 | fu that the i              | nformation             |  |

4. 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 informatio 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 DIRECTO

10-99

974-764-053