Applied For

□No

\$8.75 Additional

Fee Required

\$5.00 May Be Added to Fees

Not Applicable

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 # P96000081740

Country

25

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

OUR CLEANERS, INC.	
Principal Place of Business	Mailing Address
3163 5TH AVE N ST PETERSBURG FL 33713	7500 10TH AVE N ST PETERSBURG FL 33710

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

29

Zip

FILED Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90006 042 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Election Campaign Financing

8. This corporation owes the current year Intangible

09/30/1996 4. FEI Number

59-3410570

	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
		81	Nam	е	
	E, GERALD R	82	Stree	et Address (P.O. Box Number is Not Acceptable)	
	7500 10TH AVE N		Street Address (P.O. Box Number is Not Acceptable)		
ST P	ETERSBURG FL 33710	83			
		84	City	■ 85 Zip Code	
		04	City	FL S Z D GOODE	
office or r agent. I a	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the egistered agent, or both, in the State of Florida. Such change was author im familiar with, and accept the obligations of, Section 607.0505, Florida 5	ized by	the co	ed corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist	tered Agen	t signatui	e required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DELETE 1	.1 TITLE		☐ Change ☐ Addition	
NAME	SPIRE, GERALD R	2 NAME			
STREET ADDRESS	7500 10TH AVE N	.3 STREET	ADDRES	s	
CITY-ST-ZIP	ST PETERSBURG FL 1	.4 CITY-ST	r-ZiP		
TITLE	☐ DELETE 2	2.1 TITLE		☐ Change ☐ Addition	
NAME	2	2 NAME			
STREET ADDRESS	2	3 STREET	ADDRES	s	
CITY-ST-ZIP		2,4 CITY-\$	T- ZIP		
TITLE	☐ DELETE 3	3.1 TITLE		☐ Change ☐ Addition	
NAME	3	3,2 NAME		+	
STREET ADDRESS	3	3.3 STREET ADDRESS		s	
CITY-ST-ZIP	3	3.4. CITY-ST-ZIP			
TITLE	☐ DELETE 4	4,1 TITLE		Change Addition	
NAME	4	2 NAME			
STREET ADDRESS	4	3 STREET	ADDRES	s	
CITY-ST-ZIP		1.4 CITY-S1	r-ZI₽		
TITLE	☐ DELETE 5	,1 TITLE		☐ Change ☐ Addition	
NAME	5	2 NAME			
STREET ADDRESS	5	5.3 STREET ADDRESS		s	
CITY-ST-ZIP	5	5,4 CITY- \$1	r- ZIP		
TITLE	☐ DELETE6	6.1 TITLE		☐ Change ☐ Addition	
NAME		6.2 NAME			
STREET ADDRESS	6	6,3 STREET ADDRESS			
CITY-ST-ZIP		3,4 CITY-ST			
14. I hereby	certify that the information supplied with this filing does not qualify for the	exempti	on stat	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

Country

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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 ar 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.

Daytime Phone #