FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DE PARTMENT OF STAT

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 19 1998 8:00am Secretary of State

DOCUMENT # P96000097728 (5)					
CRYSTAL CLEANING OF LEE COUNTY, INC.					
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Principal Place of Business Mailing Address) I JURITURI IIO TUITU UNTI UUIII UUIII UUITI UUITU UUTTA	100 188 6 100 10 1 100
2613 S.W. 38TH STREET		2613 S.W. 38TH STREET			
CAPE CORAL FL 33914 CAPE CORAL FL 33914		CAPE CORAL FL 33914		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address		11/27/1996 4. FEI Number	Applied For
<u></u>		26 1505 SE 400	4 Street	65-0723066	Not Applicable
Suite, Apt.	Suite, Apt. #, etc Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 (Gpc (0/a		Trust Fund Contribution	Added to Fees
Z _i p 24	Country 25	29 33904 3	Country S A	8. This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible
	g. Name and Address of Curren			10. Name and Address of New Registered	
LEWIN, GABRIELE 81 Name 5 3/ git of Association					cictes for
13/50 WHITE HAVEN LANE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	5 40
FT MYERS FL 33912			83	/ C	Olar II.
}			84 City	F C.	85 Zip Code
\$1. Pursuant to the previous of Sections 607 (M-02 and 607 1508 Elected Statutes the shows per				e (Ora/ FL	33904
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 Lorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the chilipations of, Section 607.0505, Florida Statutes.					
SIGNATURE S. DO ROCKES VICE - PICS.					
12,	Signature, typed or profess name of registered age OFFICERS AND		Trigislered Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTORS IN 12
TITLE	PT	DELETE	1.1 TITLE	ADDITIONAL INVALENTATION	Change Addition
NAME	BADING, WOLFRAM		1.2 NAME		(1)
STREET ADDRESS	2613 S.W. 38TH STREET		1.3 STREET ADDRESS		
CITY-S1-7IP TITLE	CAPE CORAL FL 33914 SVD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	BADING, MIRA		22 NAME		
STREET ADDRESS	2813 S.W. 38TH STREET		2 3 STREET ADDRESS		Ì
CITY-ST-ZIP TITLE	CAPE CORAL FL 33914	DELETE	2 4 CITY-ST-ZIP 31 TITLE		Change Addition
NAME		the occurs	32 NAME	** · · · · · · · · · · · · · · · · · ·	C. Change C. Produkti
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		T PLICE	3.4. CITY - ST - ZIP		D 05
TITLE NAME		L_J DELETE	4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		· »- »-	4.4 CITY-ST-ZIP		
TITLE		DETEAS	5.1 TITLE		☐ Change ☐ Addition
NAME Street Adoress			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DECETE	6.1 TITLE		Change Addition
NAME .			62 NAME		
STREET ADDRESS CITY-ST-ZIP			63 STREET ADDRESS 64 CITY-ST-ZIP		1
	certify that the information supplied wi	ith this filma does not qualify for '		Section 119.07(3)(i). Florida Statutes. I further co	ertify that the information

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 informatio indicated on this annual report or suppliemental 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.

SIGNATURE:

Procedens

ell. Badini

03.10-98 94.349-9499