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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P9700005776 (4)

SUN BRIGHT CLEANERS, INC.

Principal Place of Business	Mailing Address
4518-5 DEL PRADO BLVD #56 CAPE CORAL FL 33904	1500 E COLONIAL BLVD
	SUITE 103
	FT MYERS FL 33907

**FILED** Mar 26 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address				II .
4518-5 DEL I CAPE CORAI	PRADO BLVD #56 L FL 33904	1500 E COLONIAL BLVD SUITE 103 FT MYERS FL 33907			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
					01/21/1997	
	Place of Business	2a. Mailing Address		_	4 FFI Number Applied F	or
	SUMMERUN RO.	26			65-0721748 Not Appli	
Suite, Apt	. #, 6tC.	Suite, Apt #, etc.			5. Certificate of Status Desired S8.75 Addition	al
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 May B	
23 FOR 1	MYERS FL	28			Trust Fund Contribution Added to Fees	
Zip 33°	919 25 USA	Z(ρ	Country 30	t	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes 🛣 No	
24	9. Name and Address of Current		301		10. Name and Address of New Registered Agent	
Mi	LLIGAN, JOHN P JR		81	Name		
15	00 E COLONIAL BLVD		82	Street /	Address (P.O. Box Number is Not Acceptable)	
	NTE 103 MYERS FL 33907		83	<del> </del>		
"	MIENS FL 3380/		84	City	Teo C 7'- 01-	
					FL 85 Zip Code	
11. Pursuant office or	to the provisions of Sections 607.0502 registered agent, or both, in the State	and 607.1508, Florida Statute of Florida Such change was a	es, the above	e-named the corp	corporation submits this statement for the purpose of changing its regist poration's board of directors. I hereby accept the appointment as registe	ered
agent. La	am familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statute	3.	,	
SIGNATURE	Signature, typed or printed name of registered agen	it and life if explicable. (NOTE	Registered Age	ent signature	required when reinstating) DATE	<del></del>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	?
TITLE	D	☐ DELETE	1.1 TITLE		Change A	
NAME	CREIGHTON, MARK D		1.2 NAME		a. ( D. + A i	
STREET ADDRESS	4518-5 DEL PRADO BLVD #56	}	1.3 STREET		4600 Summerlin Rd # A1 Ft. Myers, FL 33919	
CITY-ST-ZIP TITLE	CAPE CORAL FL 33904	DELETE	1.4 CITY - S	T-ZIP	TT. Myers, FL 33919	dition
NAME	POULSON, ROBERT III		2.1 TITLE 2.2 NAME	1	Lightnange Light	IGICION
STREET ADDRESS	4518-5 DEL PRADO BLVD #56	ì	2.3 STREET	ADDRESS	4600 Summerlin Rd. #Al	
CITY-ST-ZIP	CAPE CORAL FL 33904	,	2 4 CITY-		Ft. Myers, FL 33919	
TITLE	D	DELETE	31 TITLE		Change A	dition
NAME	POULSON, HEATHER	_	3.2 NAME		lusa C . 1: mlota 1	
STREET ADDRESS	4518-5 DEL PRADO BLVD #56	2	3.3 STREET	2239004	しゅしひこうにんかとている おはずけつ	
CITY-ST-ZIP TITLE	CADE CODAL EL 22004	,			FL M.10.00 C1 779.10	
	CAPE CORAL FL 33904		3.4. CITY - 5		4600 Summerlin Rd #A-1 Ft. Myers, FL 33919	ldition
NAME	CAPE CORAL FL 33904	DELETE	3.4. CITY-! 4.1 TITLE 4. 2 NAME		Ft. Myers, FL 33919 Change Ac	ldition
STREET ADDRESS	CAPE CORAL FL 33904		4.1 TITLE	ST-ZIP		ldition
STREET ADDRESS CITY-ST-ZIP	CAPE CORAL FL 33904	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	ST-ZIP  ADORESS	☐ Change ☐ Ac	
STREET ADDRESS CITY-ST-ZIP TITLE	CAPE CORAL FL 33904		4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	ST-ZIP  ADORESS		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	CAPE CORAL FL 33904	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	ST-ZIP  ADORESS ST-ZIP	☐ Change ☐ Ac	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAPE CORAL FL 33904	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADORESS ST-ZIP	☐ Change ☐ Ac	ldition
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	CAPE CORAL FL 33904	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	ST-ZIP  ADDRESS ST-ZIP  ADDRESS T-ZIP	☐ Change ☐ Ac	ldition

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. 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 recovery of twistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, attachment with an address.