**FILED** 

Sep 02, 1999 8:00 am Secretary of State

09-02-1999 90008 046 \*\*\*550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

-1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State 
\*\*DIVISION.OF CORPORATIONS --

DOCUMENT # POZOCO 15257

1. Corporation	n Name	1 0700	1001538	01						
MONARO	CH DRY C	LEANER, INC.								
								IRBY BY OR YOLK BY OVER 1881		
Principal Place of Business Mailing Address							1 (83)(80) (10 )(5)) (40)) (80)) (80)) (80)	- I LEBIKEDI KID IKNIK KODIK DEKIL BEKIL BEKIL BEKIL KIDER KIDER KIDER KIDER KERK DERIK DERI 1880		
1382 HOWLAND BLVD., UNIT 122 1382 HOWLAND BLVD., UNIT										
DELTONA FL 32738 DELTONA FL 32738							DO NOT WRITE IN THIS	CDACE		
1							3. Date Incorporated or Qualified	STACE		
							01/28/1997			
2. Principal Place of Business 2a. Mailing Address					<del></del>		4. FEI Number	Applied For		
21	,200 0, 200,,,		<b>⊢</b>	26			59-3432423	Not Applicable		
Suite, Apt.	#, etc.	-	Suite	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
22			27	27			5. Certificate of Status Desired	Fee Required		
City & Stat	e		City 8	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be		
23		1.0.00	28				Trust Fund Contribution	Added to Fees		
Zip	.	Country	Zip		Countr	У	8. This corporation owes the current year	Yes No		
24 25 25 25 25 9. Name and Address of Current Reg				30			Intangible Personal Property.  10. Name and Address of New Registered			
	9. Name	and Address of Cu	rrent Registered	Agent	- 8	1 -Name	To. Name and Address of New Registered			
CAN	DELARIA, E	DWIN			8:			· · · · · · · · · · · · · · · · · · ·		
1382 HOWLAND BLVD.				**			reet Address (P.O. Box Number is Not Acceptable)			
DELT	TONA FL 32	738		•			***************************************			
					. L					
					8-	4 City	FL	85 Zip Code		
11. Pursuani	t to the provis	ions of sections 607.	0502 and 607.150	8, Florida Statut	es, the above	e-named corp	poration submits this statement for the purpose of ch	anging its registered		
office or	registered ag	ent, or both, in the S ith, and accept the c	State of Florida. Su	ich change was	authorized b	y the corpora	ation's board of directors. I hereby accept the appoi	ntment as registered		
SIGNATURE		ian, and dooopt the c	enganorio or, coca							
SIGNATURE	Signature, typed	or printed name of registere			OTE: Registered	Agent signature n	equired when reinstating) DATE			
12.						Ε"	ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D (CANDELARIA, EDWIN				1.1 TITLE			Change Addition		
NAME					1.2 NAME					
STREET ADDRESS 2235 INDIA BLVD. CITY-ST-ZIP DELTONA FL 32738				1.3 STREET ADD						
CITY-ST-ZIP		FL 32/38			1.4 CITY-9 2.1 TITLE			Change Addition		
TITLE	D	DIA EDWIN ID		DELETE	2.1 TITLE			Change Addition		
NAME CANDECARIA, EDWIN JR STREET ADDRESS 1382 NOWLAND BLVD						T ADORESS				
	DELTONA				2.4 CITY-					
CITY-ST-ZIP	DELIGIAN	1 2 02/00		DELETE	3.1 TITLE	$\overline{}$		Change Addition		
- NAME	=				3.2 NAME	1				
STREET ADDRESS						TADDRESS				
CITY-ST-ZIP					3.4 CITY-	ST-ZIP				
TITLE				DELETE	4.1 TITLE			Change Addition		
NAME					4.2 NAME	:	•			
STREET ADDRESS	ļ				4.3 STREE	ET ADDRESS				
CITY-ST-ZIP					4.4 CITY-	ST-ZIP				
TITLE				DELETÉ	5.1 TITLE			Change Addition		
NAME	ł				5.2 NAME	: }		!		
STREET ADDRESS	<b> </b>				B	TADORESS				
CITY-ST-ZIP					5.4 CITY-			<u> </u>		
TITLÉ	ļ			DELETE	6.1 TITLE			Change Addition		
NAME				,	6.2 NAME					
STREET ADDRESS	1					ET ADDRESS				
CITY-ST-ZIP	autification at a	information quantical	with this files dee	a not qualify for	6.4 CITY-		action 119 07/3/(i) Florida Statutes I further certify	that the information		

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 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 for the freceiver 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 or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-99

Daytime Phone #

:R2E034 (5/99