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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000018994

1. Corporation Name
DRESS WELL TAILORS & CLEANERS, INC.

Principal Place of Business
7379 SPRINGHILL DR
SPRING HILL FL 34606
US

Mailing Address
8711 ASHBURY DRIVE
HUDSON FL 34667



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/27/1997

4. FEI Number
59-3434171
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 10304 Chip Lane
Suite, Apt. #, etc.

22 City & State

27 City & State
New Port Richey, FL

23 Zip Country

28 Zip Country
34667 USA

24

29 34667 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GONZALES, LARRY J
6645 RIDGE ROAD
PORT RICHEY FL 34668~~

81 Name
ALFRED W. TORRENCE, JR.

82 Street Address (P.O. Box Number is Not Acceptable)
6645 RIDGE RD.

83

84 City
PORT RICHEY FL 85 Zip Code
34668

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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Alfred W. Torrence, Jr.* ALFRED W. TORRENCE, JR. DATE 1-28-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME CRESCI, CHARLENE T
STREET ADDRESS 8711 ASHBURY DR
CITY-ST-ZIP HUDSON FL 34667

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 10304 Chip Lane
1.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34667

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 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: *Charlene T. Cresci, President* Charlene T. Cresci 2/8/99 727-868-2907

CR2E034 (1/198)