May 06, 1999 8:00 am Secretary of State

05-06-1999 90298 008 ***600.00

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 # P97000025263

1. Corporation Name

DRY CLEANING SYSTEMS, INC.								()### ### (## (##) ## ## ##	Pian Adelli Adella i	i nd i Bilit	11 6:n 1 1	10 0 JUS 100)
Principal Place	of Business	Mailing Address						Olif Omfil notin i	ANDL OLLIN		1 00 1()) 1 0 01	
1750 UNIVERSITY DRIVE 1750 UNIVERSITY DRIVE												
SUITE 111 SUITE 111 CORAL SPRINGS FL 33701 CORAL SPR							DO NOT WRITE IN THIS SPACE					
CORAL SPHINGS	5 FL 33/01	COF	RAL SPRINGS FL 33701				3.	Date Incorporated or Qualifect				
							1	03/19/1997				l
2. Principal Pl	ace of Business	2a.	Mailing Address					FEI Number			Appl	ied For
21			26					65-0747964			Not /	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					Certificate of Status Desired				ditional
22			27				3.	Definicate of Ctatas Desired		Fee	e Requ	uired
City & State			City & State				6.	6. Election Campaign Financing \$5.00 May Be				
23		28						Trust Fund Contribution		Add	ded to	Fees
Zip	Country Zip			Country			8.	This corporation owes the current year Intangible				
24			29 30				Personal Property Tax.			☐ Yes 🖟 No		
	9. Name and Address of Curre	nt Regist	ered Agent		81			Name and Address of New	Registered /	Agent		
DEVEN DAVID A					°'	Name Ger	card	d P.Teeven				
BEYER, DAVID A					82 Street Addre			O, Box Number is Not Accep	table)	11	1	
C/O RUDNICK & WOLFE 101 EAST KENNEDY BOULEVARD, SUITE 2000								niversity Dr.	Suite	. 11	<u>' </u>	
	· · · · · · · · · · · · · · · · · · ·	SUITE 2	JUU		83							
IAM	PA FL 33602				84	City				85	Zip Co 330	de 1
						Cora	3 T 2	Springs	<u> </u>			
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florid	la. Such change was au	ithorized	i bv '	e-named corp the corporation	OFARIOR	i submits this statement for the	e purpose of pt the appoir	changin itment a	g its re is regis	gistered stered
SIGNATURE									DATE			
	Signature, typed or printed name of registered ag			<u>i</u>	Agen	t signature require		einstating) ADDITIONS/CHANGES TO O		IN NIDE	CTOB	S IN 12
12.	OFFICERS A	אט טוגבי	☐ DELETE	13.	TI E			ADDITIONS/CHANGES TO O	FFICENS AN	☐ Cha		☐ Addition
TITLE	P CONTRACTOR I		DELETE	1.2 NA						<u></u>		_
NAME	TEEVEN, GERARD J					4000000						
STREET ADDRESS	1750 UNIVERSITY DRIVE			1.3 STREET ADDRESS								
CITY-ST-ZIP	CORAL SPRINGS FL 33701				1.4 CITY-ST-ZIP 2.1 TITLE					☐ Cha	лае	Addition
TITLE	EVP			2.1 MILE 2.2 NAME								
NAME	TEEVEN, GERARD P					ADDRESS						
STREET ADDRESS	1750 UNIVERSITY DRIVE											
CITY-ST-ZIP	001012 0110100 12 00101		_	2. 4 CITY-ST-ZIP					☐ Cha	inge	Addition	
TITLE					3.2 NAME							
1						ADDRESS						
STREET ADDRESS				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP								
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TIT	_	1-411				☐ Cha	ange	Addition
NAME			<u> </u>	4.2 N		ŀ					•	

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

954-346 9561

☐ Change

Change

Addition |

☐ Addition