PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # POZOCOCEO/1/2

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90120 048 ***150.00

| 1. Corporation Name PRESTIGE DRY CLEANERS, INC. | | | | | - | | |
|---|---|---------------------|-------------------------|----------------------------|---|---|--------------|
| | | | | | | | |
| Principal Place of Business Mailing Address | | | | | _{ | , J. WOLTON: WALLOW TRUES WITH THE WALL | |
| 3663 S FED HWY 4314 NORTHWEST 71 DRIVE | | | | | | | |
| BOYNTON BCH FL 33435 CORAL SPRINGS FL 33065 | | | | DO NOT WRITE IN THIS SPACE | | | |
| US | | | | | 3. Date Incorporated or Qualifed | THIS SPACE | |
| | | | | | 07/07/1997 | | |
| Principal Place of Business Address Mailing Address | | | | | 4. FEI Number | Control Appli | ied For |
| 21 26 | | | | | 83-5076884 45-076 6 | \$8.75 Add | Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | Fee Requ | |
| 27 | | | | | 6. Election Campaign Financing | \$5.00 м | |
| 23 28 | | | | | Trust Fund Contribution | Added to | |
| Zip | Country | Zip | Country | , | 8. This corporation owes the current ye | ear Intangible | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | |]No |
| | 9. Name and Address of Currer | nt Registered Agent | | | 10. Name and Address of New Regis | tered Agent | |
| DITT | ED CADI S | | 81 | Name | , | | |
| PITTER, CARL S 7447 NORTH WEST 57 STREET | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| TAM | ARAC FL 33319 | | 83 | | | | |
| i | | | 84 | City | | 85 Zip Co | de . |
| [| | | | ' | | FL | J |
| office or n agent. I as SIGNATURE | egistered agent, or both, in the State m familiar with, and accept the oblige , Signature, typed or printed name of registered age | | | the corporation | | ATE | |
| 12. | OFFICERS AN | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | | |
| TITLE | DPT | ☐ DELETE | 1.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | DENNIS, HAYDEN | | 1.2 NAME | | | | |
| STREET ADDRESS | 4314 NORTHWEST 71 DRIVE | | | TADDRESS | | | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | ☐ DELETE | 1.4 CITY-S 2.1 TITLE | T-ZIP | | Change | Addition |
| TITLE | DV TIMILTA | - December | 2.1 IIILE 2.2 NAME | | | | |
| NAME | DEIMO, THOSE TA DEIG | | | T ADDRESS | | | ļ |
| STREET ADDRESS | CORAL SPRINGS FL 33065 | | 2.4 CITY-5 | | | | 1 |
| CITY-ST-ZIP TITLE | | | 3.1 TITLE | 71·2F | | ☐ Change | Addition |
| NAME | DENNIS, TRACEY | _ | 3.2 NAME | | | |] |
| STREET ADDRESS | 4314 NORTHWEST 71 DRIVE | | | T ADDRESS | | | |
| CITY-ST-ZIP | ACALL CORNICS EL COCAT | | 3.4. CITY- 8 | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | ☐ Addition { |
| NAME | | | 4. 2 NAME | | 2. | | |
| STREET ADDRESS | | | 4.3 STREE | TADORESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | | | |
| TITLE | | ☐ DELETÉ | 5.1 TITLE | | • | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | , |
| STREET ADDRESS | | | | TADDRESS | | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY-S | | | Change | Addition |
| TITLE | | | 6.2 NAME | | | | |
| NAME | | | | T ADDRESS | | | |

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP