

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0067312

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000066450 (2)

1. Corporation Name:

ARTS CLEANING, INC.

Principal Place of Business

9321 NW 33 PLACE
SUNRISE FL 33351

Mailing Address

9321 NW 33 PLACE
SUNRISE FL 33351

FILED

98 OCT 29 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1997

4. FEI Number

65-0771190

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 or has paid the current year Intangible
Personal Property Tax due June 30



Yes



No

9. Name and Address of Current Registered Agent

INCORPORATORS PLUS, INC.
1214 N. UNIVERSITY DR.
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0602 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if any, include.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME D
BRICE, KHAULAH
STREET ADDRESS 9321 NW 33 PLACE
CITY-ST-ZIP SUNRISE FL 33351

12. TITLE ☐ DELETE

NAME D
ATKINSON, ART
STREET ADDRESS 9321 NW 33 PLACE
CITY-ST-ZIP SUNRISE FL 33351

12. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

12. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

12. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

12. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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.

SIGNATURE:

Art Atkinson

CR2E034 (5/98)