COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Sep 15, 1999 8:00 am Secretary of State 09-15-1999 90001 037 ***550.00

FILED

1999 OCUMENT

STERN CLEANING, INC.

P97000072565

ncipal	Place	of E	Busin	ess



Mailing Address 32 DAVIS BLVD. 2232 DAVIS BLVD. MYERS FL 33905 FT. MYERS FL 33905 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/14/1997 4. FEI Number 2a. Mailing Address Principal Place of Business Applied For 65-0778432 Not Applicable 26 Suite, Apt. #, etc.. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Zip Country 8. This corporation owes the current year No. 30 Intangible Personal Property. Yes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STERN, ERIC C Street Address (P.O. Box Number is Not Acceptable) 82 2232 DAVIS BLVD. FT. MYERS FL 33905 83 84 Zip Code City 85 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. **NATURE** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 1.1 TITLE DELETE STERN, ERIC C 1.2 NAME 2232 DAVIS BLVD. 1.3 STREET ADDRESS ET ADDRESS FT. MYERS FL 33905 ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE __ DELETE Change Addition 2.2 NAME Ξ 2.3 STREET ADDRESS .ET ADDRESS 2.4 CITY-ST-ZIP ST-ZIP DELETE 3.1 TITLE 3.3 STREET ADDRESS ET ADDRESS 3.4 CITY-ST-ZIP ST-ZIP 4.1 TITLE Change Addition DELETE 4 2 NAME 4.3 STREET ADDRESS ET ADDRESS 4.4 CITY-ST-ZIP ST-ZIP 5.1 TITLE Change Addition DELETE 5.2 NAME 5.3 STREET ADDRESS **ET ADDRESS** 5.4 CITY-ST-ZIP 6.1 TITLE DELETE Change Addition 6.2 NAME 6.3 STREET ADDRESS ET ADDRESS 37 S. C. E.

6.4 CITY-ST-ZIP 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.

(2/8)CR2E034