PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700094744

1. Corporation Name

HARBOUR PLACE CLEANERS, INC.

Principal Place of Business
13170-57 ATLANTIC BLVD.
JACKSONVILLE FL 32225

Mailing Address

13170-57 ATLANTIC BLVD. JACKSONVILLE FL 32225

FILED Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90133 040 ***150.00



DO NOT WRITE IN THIS SPACE

						3. Date Inc.	corporated or Qualifed 1 1997				
2. Principal Place of Business 2a. Mailing Address						4. FEI Nun			A	pplied For	
21		26				59-347	77814		N	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State	е	City & State					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
23 Zip	Country	Zip		ountry		+		rent weer Ints		10,000	
	25 29 30						8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
25 29 3 3 3 3 3 3 3 3 3					10. Name and Address of New Registered Age						
	5. Hame and Address of Current	Itogistorou Ağen		81	Name						
RHA, SEUNG J											
13170-57 ATLANTIC BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)							
JACKSONVILLE FL 32225					83						
UNUNCONTILLE I E GEEZO											
				84	City			FL	85 Zip	Code	
office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such cha	ange was authoriz	zed by	the corpo	corporation submits oration's board of di	this statement for the rectors. I hereby acce	purpose of o	changing it tment as r	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Regists	red Ager	t eignature re	equired when reinstating)		DATE			
12.	OFFICERS AND			3.			NS/CHANGES TO OF	FICERS AN	D DIRECT	OR\$ IN 12	
TITLE	P			1 TITLE		7,22,1110			☐ Change		
NAME	SEUNG, RHA J			2 NAME	1				-		
	13170-57 ATLANTIC BLVD.				ADDRESS						
STREET ADDRESS	JACKSONVILLE FL 32225				1					ŀ	
CITY-ST-ZIP TITLE	JACKSONVILLE PL 32223	П		CITY-S'	1-ZIP				Change	☐ Addition	
		_			-						
NAME				2 NAME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				4 CITY-S 1 TITLE	T-ZIP		·		Change	☐ Addition	
TITLÉ		•				•				G, 188,80	
NAME				2 NAME						į	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				I. CITY-S	T-ZIP				☐ Change	Addition	
TITLE	· ·	, 1		TITLE	ì				☐ Greatige		
NAME				2 NAME							
STREET ADDRESS			4.3	3 STREET	ADDRESS						
CITY-ST-ZIP		····		CITY-S	r-ZIP						
TITLE				1 TITLE					☐ Change	Addition	
NAME			1	2 NAME						.	
STREET ADDRESS			5.1	STREET	ADDRESS					•	
CITY-ST-ZIP				CITY-S	r-zip				_		
TITLE	·		DELETE 6.	1 TITLE					Change	☐ Addition	
NAME			6.3	2 NAME							
STREET ADDRESS			6.	3 STREET	ADDRESS						
CITY-ST-ZIP			6.	4 CITY-S	r-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: 6

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 221-7215