FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000098733 (3)

EGLE VALET CLEANERS, INC.

Principal Place of Business

Mailing Address

FILED May 07 1998 8:00am Secretary of State



9789 WEST SAMPLE ROAD Coral Springs FL 33065		9769 WEST SAMPLE ROAD CORAL SPRINGS FL 33065		DO NOT WRITE IN THI	S SPACE		
					3. Date Incorporated or Qualified 11/19/1997	307702	1
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 66-0799289		oplied For ot Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	Status Desired Status Desired Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Z _I p	Countr 30		This corporation owes or has paid the or Personal Property Tax due June 30.		langible] No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent	
	ALVINO, JOHN		8	1 Name			
9769 WEST SAMPLE ROAD CORAL SPRINGS FL 33065				82 Street Address (P.O. Box Number is Not Acceptable) 83			
			10	3			
			8	4 City	F	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statu	tes, the abo	ve-named cor	poration submits this statement for the purpose		ls registered
office or r	egistered agent, or both, in the State om familiar with, and accept the obligat	if Florida. Such change was	authorized I	by the corpora	ation's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE							
SIGNATURE	Signature typed or broked name of a gedered agent		It Registered A	gerif signature requ	uired when roinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AF		
TITLE	D CALLANIO IOLINI	DELETE	1.1 Trifue	\		L_ Change	Addition
NAME	1		1.2 NAM				
STREET ADORESS	CODAL CODINGO EL BOOGE			ET ADDRESS			
CITY-ST-ZIP TITLE	n	DELETE	1.4 CITY 2.1 TIFLE		·	Change	Addition
NAME	CALVINO, EGLE		2.2 NAMI				
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2 4 0117				ļ
TITLE			3 1 TITLE			Change	Addition
NAME			3.2 NAM				
STREET ADDRESS			3.3 STRE	et address			
CITY-ST-ZIP			3.4. CITY	- S1 - ZIP			
TITLE	☐ DELETE		4.1 11118			Change	Addition
NAME			4. 2 NAM	£			
Street Address			4.3 STRE	ET ADDRESS			1
CITY-ST-ZIP		T server	4.4 CHY				The section of
TITLE			5.1 THTLE			L Change	Addition
NAME			5.2 NAM				
STREET ADDRESS				ET ADDRESS			ļ
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE			Change	Addition
NAME		C Service	6.2 NAMI			ET SHOUND	C - Marrial
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.3 STRE	1			
VIII-DI-ZIP			04 (/117	ST ZIF			

I hereby certify that the information supplied with this filing coes 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

CIONATURE.

Joh Chlis

4-77-98 WK-18-10