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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000014034

1. Corporation Name PARCLAY CLEANERS, INC.

## Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90088 011 \*\*\*150.00



Principal Place of	Business	Mailing Address								
3819 WALSINGHAM RD ARGO FL 33774		13819 WALSING LARGO FL 33774	-			DO NOT WRITE IN THIS SPACE				
					_	3. Date Incorporated or Qualifed 02/11/1998				
2. Principal Place of Business		2a. Mailing Add	2a. Mailing Address			4. FEI Number	Applied For			
1		26				59-3491147	Not Applicable			
Suite, Apt. #, etc.		<del></del>	Suite, Apt. #, etc.			E Cortifonto of Status Desired	\$8.75 Additional Fee Required			
City & State	<u> </u>	City & State	)			1 1	0 May Be d to Fees			
Zip	Country	Zip	Cour 30	ntry		8. This corporation owes the current year Intangible Personal Property Tax.	<b>M</b> No			
	9. Name and Address of Cu	rrent Registered Agent	1.1	10. Name and Address of New Registered Agent						
				81 1	Name					
MOSAAD, EMAD 13819 WALSINGHAM RD				82 5	Street Address (P.O. Box Number is Not Acceptable)					
LARGO	FL 33774			83						
			İ		City	FL	p Code			
office or reai	the provisions of Sections 607. stered agent, or both, in the St	ate of Florida. Such chai	nge was authorized	by the	named corpo e corporatio	oration submits this statement for the purpose of changing n's board of directors. I hereby accept the appointment as	ts registered registered			

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	Registered Agent signature	required when reinstating)	DATE	_	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 12		
TITLE	• DELETE	1.1 TTLE	P.		Addition	
NAME		1.2 NAME	EMAD MOSAAD.	0.1		
STREET ADDRESS		1.3 STREET ADDRESS		Kd		
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Largo, FL 33774			
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ /	Addition	
NAME		2.2 NAME				
STREET ADDRESS	•	2.3 STREET ADDRESS				
CITY-ST-ZIP	The same of the sa	2.4 CITY-ST-ZIP -		· <u> </u>		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ /	Addition	
NAME		3.2 NAME	, in the second			
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY+ST+ZIP				
TITLE	□ DELETE	4.1 TITLE		☐ Change ☐ /	Addition	
NAME		4.2 NAME	·			
STREET ADDRESS	•	4.3 STREET ADDRESS				
CITY-ST-ZIP	·	4.4 CTY-ST-ZIP				
TITLE	· DELETE	5.1 TITLE	,	☐ Change ☐ i	Addition	
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ OELETE	6.1 TITLE	]	☐ Change ☐	Addition	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY OT 710		6.4 CITY-ST-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:

