

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

FILED  
Jul 22, 1999 8:00 am  
Secretary of State

07-22-1999 90012 004 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 980000 20386 ✓

1. Corporation Name  
CHECK CLEANING INC.

\* 5 9 3 7 4 8 \*  
593748 - 90012 - 4

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
3/02/98

4. FEI Number  
59-3494141

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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 2377 CHAUCER ST. 22 Suite, Apt. #, etc.

23 CLEARWATER, FL 24 Zip 33765 25 Country

2a. Mailing Address

26 SAME 27 Suite, Apt. #, etc.

28 CLEARWATER, FL 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAWRON MARY  
19321 C US 19 N., STE 601  
CLEARWATER, FL 33764

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 607.0502 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P FRANTISEK PEKARCIC <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1.2 NAME	1.2 NAME	
STREET ADDRESS 2377 CHAUCER ST.	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER, FL 33765	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2.2 NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3.2 NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANTISEK PEKARCIC

7/16/96

Date

727-791-7712

Daytime Phone #

CR2E034 (11/98)

**CHECK CLEANING INC.**  
**2377 Chaucer St.**  
**Clearwater, FL 33765**

593748-90012-4  
P98000020386

July 16, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

We respectfully request that you accept our check in the amount of \$150.00 and this letter in lieu of our 1999 Annual Report. *(attached)*

There have been no changes since the inception of the Corporation.

We apologize for being late, but this the first year that we were obligated to file the Annual Report and we did not receive your form and we realized that Annual Report has not been filed only after we talked to our accountant and he asked about it.

Sincerely,

Frantisek Pekarcik  
President

