

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-22-1999 90202 037 ***150.00

DOCUMENT # P98000039367

1. Corporation Name

AVENTURA COMMONS QUALITY CLEANERS, INC.



Principal Place of Business

98 INDIAN TRACE
WESTON FL 33326

Mailing Address

98 INDIAN TRACE
WESTON FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1998

4. FEI Number

65-0829349

Applied For

Not Applicable

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 21211 Biscayne Blvd.
Suite, Apt. #, etc.

2a. Mailing Address

26 21211 Biscayne Blvd.
Suite, Apt. #, etc.

23 City & State

AVENTURA, FL.

28 City & State

AVENTURA, FL.

24 Zip Country

33180

29 Zip Country

33180

9. Name and Address of Current Registered Agent

SIEGEL, RONALD L
1800 CORPORATE BLVD., NW, STE. 302
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name Thomas Chamberlain
82 Street Address (P.O. Box Number is Not Acceptable)
1590 Harbourside DR
83
84 City Weston FL 85 Zip Code 33326

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

Thomas Chamberlain Pres.

DATE

4/19/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CHAMBERLAIN, THOMAS W
STREET ADDRESS 98 INDIAN TRACE
CITY-ST-ZIP WESTON FL 33326

TITLE D ☐ DELETE

NAME CHAMBERLAIN, MARTHA
STREET ADDRESS 98 INDIAN TRACE
CITY-ST-ZIP WESTON FL 33326

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1590 Harbourside DR.
1.4 CITY-ST-ZIP Weston, FL 33326

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1590 Harbourside DR.
2.4 CITY-ST-ZIP Weston, FL 33326

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

Thomas Chamberlain Pres.

Date

Daytime Phone #

4/19/99 954-349-

CR2E034 (11/98)