

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  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90145 038 \*\*\*150.00

DOCUMENT # P98000050956

1. Corporation Name  
PLEEZ ALL, INC.

D.B.A.

ONE low price cleaners -

Principal Place of Business

2011 MADEIRA DRIVE  
WESTON FL 33327

Mailing Address

2011 MADEIRA DRIVE 10265 W Sample Rd  
WESTON FL 33327 CORAL SPRINGS  
FL-33065



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1998

4. FEI Number

65-0841361-100112

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 10265 West Sample Rd

2a. Mailing Address

27 10265 W Sample Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CORAL SPRINGS-FL

City & State

28 CORAL SPRINGS-FL

Zip

Country

24 33065

25 USA

Zip

Country

29 33065

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAALOUF, JOHNNY

2011 MADEIRA DRIVE 10265 W Sample Rd  
WESTON FL 33327 CORAL SPRINGS FL  
33065 USA

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

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

(NOTE: Registered Agent signature required when reinstating)

3-15-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MAALOUF, JOHNNY  
STREET ADDRESS 2011 MADEIRA DRIVE  
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ DELETE

NAME MAALOUF, GEORGE  
STREET ADDRESS 2011 MADEIRA DRIVE 2188 Nova Village Dr  
CITY-ST-ZIP WESTON FL 33327 DAVIDE-FC 33317

TITLE ☐ DELETE

NAME MAALOUF, Denise  
STREET ADDRESS 2188 Nova Village Dr  
CITY-ST-ZIP DAVIDE-FC-33317

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 Denise G. MAALOUF  
1.3 STREET ADDRESS 2188 Nova Village Dr.  
1.4 CITY-ST-ZIP DAVIDE-FC-33317

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/99 (954) 752-7991

Daytime Phone #

CR2E034 (11/98)