PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000075927

CLASSIC CLEANERS OF PELICAN LANDING. INC.

Mailing Address Principal Place of Business

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90117 011 ***150.00



24600 S. TAMIA BONITA SPRINC		24600 S. Tamiami Tr.STE.104 Bonita Springs FL 34134				DO NOT WRITE IN THIS SPACE			_	
							3. Date incorporated or Qualified 08/28/1998			
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number 59 - 352_857	8 A	pplied For ot Applicable	1
Suite, Apt.	#, etc.	Suite, Apr. #, etc.				5. Certificate of Status Desired	\$8.75	Additional equired		
City & State	•	City & S	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip				Count	iry		This corporation owes the current year in Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current		ent				10. Name and Address of New Registered	Agent		4
				8	11	Name				
GUTIERREZ, WILLIAM JR 22068 SEASHORE CIRCLE					12	Street Addr	ess (P.O. Box Number is Not Acceptable)			1
EST	ERO FL 33928			8	33					1
					- 1	City	Fi	_ 1 '1 '	Code	
SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligations of registered agent						oration submits this statement for the purpose on's board of directors. I hereby accept the appoint description of directors are proposed on the purpose of			á
12.	OFFICERS ANI			13.			ADDITIONS/CHANGES TO OFFICERS A			վ Չ
MLE	0		DELETE	1.1 TITLE	E			Change	Addition	CD0E034 (44,08)
NAME	GUTIERREZ, WILLIAM JR.			1.2 NAME	E	ŀ				5
STREET ADDRESS	22068 SEASHORE CIRCLE			1.3 STRE	EETAL	DORESS				1
CITY-ST-ZIP	ESTERO FL 33928			14 CTY-	-ST-Z	ZP				į
πn.E			☐ DELETE	2.1 TITLE	E			Change	Addition	۱,
NAME				22 NAME	E	ļ				
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CITY-ST-ZIP	_			2.4 CMY	1-ST-	ZIP				4
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CITY-ST-ZIP				34. CITY		<u> ZIP</u>	· 	[] Channe	Addition	
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NAME				4. 2 NAM		1				ļ
STREET ADDRESS						ODRESS				1
CITY-ST-ZIP				4.4 CITY-		ZP		Change	Addition	
tπ∟£			DELETE	5.1 TITLE 5.2 NAME		l		Comple	، الكالم	1
NAME						DOGE CO.				}
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CITY-ST-ZIP			C oc. cre	5.4 CITY-		-		Change	Addition	đ.
TITLE			DELETE	6.2 NAME		1		- comito		1
NAME				1						1
STREET ADDRESS)			6.3 STRE						1
CITY-ST-ZIP	\			6.4 CITY	-57-7	759				L

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.

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