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 # P98000080677

AVRU, INC.

ELAINES UNIFORMS DIBIA

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90028 004 ***150.00



Principal Place of Business	Mailing Address			
4720 TOURNAMENT BLVD	4720 TOURNAMENT BLVD			
Sarasota FL 34243	SARASOTA FL 34243		DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualifed	, or ACL
			09/15/1998	
				Amplied Cor
2. Principal Place of Business.	2a. Mailing Address	-12 0 1 1.2	4. FEI Number	Applied For
al Elaines Uniforms	26 5722 CORT	EL NO WI	65-0864371	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22	27			
Bradentm 7L	City & State		6. Election Campaign Financing	\$5.00 May Be
13 DIWIENTING ITC	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year in	
24 34210 25	29	30	Personal Property Tax.	
9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered	Agent
ATTRICT OF MOIOT DA		81 Name		
STEPHEN F. VOIGT, P.A.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
2414 BEE RIDGE ROAD				_
SARASOTA FL 34239		83	,	
		04 01.		85 Zip Code
		84 City	FL	_ G5 Zip 0000
SIGNATURE Signature, typed or printed name of registered		Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
	CS, □ DELETE	1.1 TITLE		
NAME STREET ADDRESS 4720 TOWNAME		1.2 NAME	•	
STREET ADDRESS 4720 TUNNAME	NT BIVA	1.3 STREET ADDRESS		
CITY-ST-ZIP 3Arasota 7L	34243	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE Vice President	1 Scct, DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME ILD VIL KUVER.		2.2 NAME		
STREET ADDRESS LATAR TOUR MEN	4 Bluck	2.3 STREET ADDRESS		
CITY-ST-ZIP Sprasota 76	07470	2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>	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 CITY-ST-ZIP		
TITLE	☐ DÉLETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
•		5.4 CITY-ST-ZIP		
CITY-ST-ZIP	□ DELETE	6.1 TITLE		☐ Change ☐ Addition
HILE	Lu Desait	6.2 NAME		. .
NAME		6.3 STREET ADDRESS		
STREET ADDRESS		6.3 STREET ADDRESS		

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.