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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Kätherine Harris

Secretary of State

May 17, 1999 8:00 am Secretary of State

	1999		DIVISION OF CORPORATIONS					ļ	05-17-1999 90043 003 ***150.00					
DOCU 1. Corporation	IMENT #	# P98000	88134	1										
New I	World D	rý Cleaners	, Inc. V											
2300 Suite Boca 2. Principal F 2300 Suite, Apt 203 1 City & Sta 2ip 3343. John 2300	E nte Raton, l 22 9. Name at P, Fen: Glades	FL 33431	2a. Mailing Add 26 2 3 0 0 Suite, Apt. 4 27 2 0 3 E City & State 28 Boca Zip 29 3 3 4 3 1 legistered Agent	ades I 03E ton, I lress Glades *, etc.	FL R	33 coad	Name	1	3. Date Incorporation 11/4/9 4. FEI Number 65~087 5. Certificate of S 6. Election Camp Trust Fund Co 8. This corporation Personal Prop 0. Name and Ac (P.O. Box Number)	7 6 6 8 ditatus Desired design Financing entribution on owes the cu erty Tax. ddress of New	rrent year Int.	\$8.75 Fee \$5.0 Adde angible Yes	Applied For Not Applicable Additional Required May Be d to Fees	
11. Pursuant	t to the provision	s of Sections 607.0502 a	nd 607.1508, Flor Florida, Such char	ida Statutes,	the al	bove-n	City named	corporation's	ion submits this s	tatement for the	FL e purpose of ept the appoi	changing i	o Code ts registered registered	
agent. I a	am familiar with,	and accept the obligation	ns of, Section 607	.0505, Florida	a Stati	utes.								
12.	Signature, typed or i	OFFICERS AND		(NOTE: Re	gistered 13.	Agent si	gnature r	equired whe	ADDITIONS/CH	ANGES TO O	DATE EDICEDS AN	ID DISECT	TORS IN 12	
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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.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

954-340-3514

Change

☐ Addition

CR2E034 (11/98)

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