## **PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Kathering Harris Secretary of State DIVISION OF CORPORATIONS

## FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90090 050 \*\*\*150.00

| DOCUMENT #         | P98000091058    |
|--------------------|-----------------|
| 4. Commention Name | L 2000002 1 000 |

| 1. Corporation  | Name   | # P980C   | JUUS                           | 1008  |   |  |  |   |  |   |
|---|--|---|--------------------------------|---|---|--|--|---|--|---|
| PERFECT   | TION CLE   | aners and L   | .AUNDRY                        | ', INC.   |   |  |  | i industria idili ilivi Adim bassi dasi   | 1188 (1816 2 <b>918</b> ) <b>3)188</b> )   | ( <b>4.67.6</b> 2 (011 1111)              |
| •   |  |   |                                |   |   |  |  |   |  |   |
| Principal Place   | of Business  |   | м                              | ailing Address                                      |   |  |  |   | I DUNU 1814) 1830 <b>58</b> 3)   | 13 MITO SALIT (#91                        |
| 48 BEAL PKWY  |  |   | 48                             | BEAL PKWY   |   |  |  |   |  |   |
| FT. WALTON BCH FL 32548 FT. WALTON BCH FL 32548   |  |   |                                | <del></del>   | DO NOT WRITE IN THIS SPACE                  |  |  |   |  |   |
|   |  |   |                                |   | •   |  |  | 3. Date incorporated or Qualified   |  | · · · · · · · · · · · · · · · · · · ·     |
|   |  |   |                                |   |   |  |  | 10/26/1998  | •  |   |
| 2. Principal Pl   | lace of Busine                                     | P85   | 2a                             | . Mailing Addre                                     | 188   |  |  | 4. FEI Number   |  | pplied For                                |
| 21  |  |   | 26                             |   |   |  |  | 59-3541469  |  | ot Applicable                             |
| Suite, Apt.   | #, etc.  |   | $\vdash$                       | Suite, Apt. #,                                      | etc.  |  |  | 5. Certificate of Status Desired  |  | Additional<br>equired                     |
| 22 Chr. 9 State   |  |   | 27                             | City & State  |   |  |  | & Floring Compaign Financing  |  | May Be                                    |
| City & State  | <u> </u>   |   | 28                             |   |   |  |  |   |  | to Fees                                   |
| Zip   |  | Country   | . [20]                         | Ζip   |   | Country  | ,  | 8. This corporation owes the current ye   |  |   |
| 24  | F:   | 25  | 29                             |   | 30  | 5]   |  | Personal Property Tax.  | Yes .  | □No                                       |
|   |  | end Address of Cu   | urrent Regi                    | stered Agent  |   |  |  | 10. Name and Address of New Regis   | tered/Agent  |   |
|   |  | 1240  |                                |   |   | 61,  | Name   |   |  |   |
|   | ENHEAD, C  |   |                                |   |   | 82   | Street A   | ddress (P.O. Box Number is Not Acceptable)  |  |   |
|   | e. Pine avi<br>Stview fl.:                         | _   |                                |   |   | 83   |  |   |  |   |
| UNE   | DIVIENT FE   | 32335   |                                |   |   | 63   | }  |   |  |   |
|   |  |   |                                |   |   | 84   | City   |   | FL 85 Zip  | Code                                      |
|   |  |   |                                |   |   |  | 1 - 2  |   |  |   |
| 11. Pursuant I  | to the provisk<br>egistered age<br>m familiar with | ons of Sections 607<br>int, or both, in the S   | 7.0502 and 6<br>state of Flori | 507.1508, Florid<br>da. Such chang<br>Section 607.0 | la Statutes,<br>le was auth<br>505, Florida | the above<br>orized by<br>a Statutes   | 1 -  | orporation submits this statement for the purpo-<br>ation's board of directors. I hereby accept the   | se of changing its<br>appointment as re  | registered<br>gistered                    |
| SIGNATURE   |  | ons of Sections 607<br>int, or both, in the S<br>h, and eccept the ob<br>or printed name of registers |                                |   |   | gistered Agen  | e-named or<br>the corpora  |   | ise of changing its<br>appointment as n  |   |
| SIGNATURE   | Signature, typed o                                 | or printed name of registers  |                                | e applicable<br>CTORS                               | (NOTE: Re                                   | distanted Agen   | e-named or<br>the corpora  | ADDITIONS/CHANGES TO OFFICE   | ise of changing its<br>appointment as re   | DRS IN 12                                 |
| SIGNATURE 12.   | Signature, typed o                                 | or printed name of registers<br>OFFICERS  | d agent and little             | é abblicable  | (NOTE: Re                                   | 13.  | e-named or<br>the corpora  | ADDITIONS/CHANGES TO OFFICE   | ise of changing its<br>appointment as n  | DRS IN 12                                 |
| SIGNATURE  12.  TITLE  NAME   | P<br>BLOCKER                                       | OFFICERS  | d agent and little             | e applicable<br>CTORS                               | (NOTE: Re                                   | 13.<br>1.1 TITLE<br>1.2 NAME   | e-named or<br>the corporal   | ADDITIONS/CHANGES TO OFFICE   | ise of changing its<br>appointment as re   | DRS IN 12                                 |
| SIGNATURE  12. TITLE NAME STREET ADDRESS  | P<br>BLOCKER<br>698 HWY.                           | OFFICERS  GEOIL  90 E.  | d agent and little             | e applicable<br>CTORS                               | (NOTE: Re                                   | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET   | e-named or the corporation is signature req  | ADDITIONS/CHANGES TO OFFICE<br>PLOCKER, DARREL<br>698 NW4 90 E.                                       | se of changing its appointment as no necessary the second  | DRS IN 12                                 |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | P<br>BLOCKER<br>698 HWY.                           | OFFICERS  | d agent and little             | e applicable<br>CTORS                               | (NOTE: Re                                   | 13.<br>1.1 TITLE<br>1.2 NAME   | e-named or the corporation is signature req  | ADDITIONS/CHANGES TO OFFICE<br>BLOCKER, DARREL<br>698 HWY 90 E.<br>CRESTVIEW, FR. 3853                | se of changing its appointment as no necessary the second  |   |
| SIGNATURE  12. TITLE  NAME  STREET ADDRESS  | P<br>BLOCKER<br>698 HWY.                           | OFFICERS  GEOIL  90 E.  | d agent and little             | e applicable<br>≘CTORS □ DE                         | (NOTE: Re                                   | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET<br>1.4 CITY-S   | e-named or the corporation is signature req  | ADDITIONS/CHANGES TO OFFICE<br>BLOCKER, DARREL<br>698 HWY 90 E.<br>CRESTVIEW, FR. 3853                | ree of changing its appointment as re  | DRS IN 12                                 |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | P<br>BLOCKER<br>698 HWY.                           | OFFICERS  GEOIL  90 E.  | d agent and little             | e applicable<br>≘CTORS □ DE                         | (NOTE: Re                                   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME  | e-named or the corporation of signature req  | ADDITIONS/CHANGES TO OFFICE  BLOCKER, DARREL  698 HWY 90 E.  CRESTVIEW, FR. 3853  VP  CECL A. TOWN RE | se of changing its appointment as re   | DRS IN 12                                 |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | P<br>BLOCKER<br>698 HWY.                           | OFFICERS  GEOIL  90 E.  | d agent and little             | e applicable CTORS DE                               | (NOTE: Re                                   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME  | e-named or the corporation of signature req  | ADDITIONS/CHANGES TO OFFICE  BLOCKER, DARREL  698 HWY 90 E.  CRESTVIEW, FR. 3853  VP  CECL A. TOWN RE | TE Change  | DRS IN 12 ☐ Addition ☐ Addition           |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS   | P<br>BLOCKER<br>698 HWY.                           | OFFICERS  GEOIL  90 E.  | d agent and little             | e applicable<br>≘CTORS □ DE                         | (NOTE: Re                                   | 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE   | e-named or the corporation of signature req  | ADDITIONS/CHANGES TO OFFICE<br>BLOCKER, DARREL<br>698 HWY 90 E.<br>CRESTVIEW, FR. 3853                | se of changing its appointment as re   | DRS IN 12                                 |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | P<br>BLOCKER<br>698 HWY.                           | OFFICERS  GEOIL  90 E.  | d agent and little             | e applicable CTORS DE                               | (NOTE: Re                                   | 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME  | e-named of the corporation of algorithms are reported in a signature region of a signatu | ADDITIONS/CHANGES TO OFFICE  BLOCKER, DARREL  698 HWY 90 E.  CRESTVIEW, FR. 3853  VP  CECL A. TOWN RE | TE Change  | DRS IN 12 ☐ Addition ☐ Addition           |
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| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  | P<br>BLOCKER<br>698 HWY.                           | OFFICERS  GEOIL  90 E.  | d agent and little             | CTORS DE  | (NOTE: Re-                                  | 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 1.4 CITY-S  | T ADDRESS T ADDRESS T ADDRESS  | ADDITIONS/CHANGES TO OFFICE  BLOCKER, DARREL  698 HWY 90 E.  CRESTVIEW, FR. 3853  VP  CECL A. TOWN RE | TE Change  | ORS IN 12 Addition  Def Addition          |
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I nereby certify that the information supplied with this filing costs for quality for the exemption stated in Section 119.07(3)(s), Fronta Statutes. I numer certify that he information indicated on this annual report or suppliemental annual report is officer or director of the corporation or the receiver or trusted 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 orthogolitical empowered.

SIGNATURE: