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**

DOCUMENT # P9900000120

1. Corporation Name

E. & W. CLEANING COMPANY, INC.

	THE PERSON NAMED AND PARTY OF THE PE						45 0 31 00 11 1 00 1
Principal Place of Business Mailing Address ,					1 10011001 112 12110 12111 22111 22111 22111		,,,,,,
541 NORTH MI	LITARY TRAIL	5541 NORTH MILITARY TR	RAIL				
#2108	· · · · · · · · · · · · · · · · · · ·				DO NOT WRITE IN THIS SPACE		
OCA RATON FL 33496 BOCA RATON FL 33496					3. Date Incorporated or Qualifed		
					12/31/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	pplied For
27 21218 Box St. Andrews Blvd. 26					65-0894490	No.	ot Applicable
Suite, Apt. #, etcSuite, Apt. #, etc				٠	5. Certificate of Status Desired	• •	Additional
22 Sur	te 634	27			5, Certificate of Status Desired	Fee R	equired
City & State City & State					6. Election Campaign Financing		May Be
23 DOC	a Katon, FL	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year l		Пы
24 334		29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		81 Namer	10. Name and Address of New Registere	a Agent	
DEDE	Z, RONALD E JR			81 Name	ura trechette		
2124 WEST KENNEDY BOULEVARD					Address (P.O. Box Number is Not Acceptable)		
SUITI				2/218 st Andrews 13/10a.			
	PA FL 33606			" Տև,Ր	be 634		
IVIAIL	7. I C 00000			84 City	. 2 A	85 Zip	Code 2
				150	ca Karon F	_ , ,	SYDD
office or I	registered agent, or both, in the State of	f Florida. Such change was	authorized	I by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered
agent: I a	m familiar with, and accept the obligation	ons of Section 607.0505, F	lorida Stat	ıtes	de	1/00	
SIGNATURE	- Kaura 7	meen	ell	<u> </u>	4/3	177	<u></u>
12	Signature by ead or printed name of registered agent OFFICERS AND		TE: Registered	Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	ORS IN 12
12.	PSTD OFFICERS AND	DELETE	1.1 Ti	rle T	, and the second	Change	Addition
NAME	FRECHETTE, LAURA	2	1.2 N			_ •	_
	5541 NORTH MILITARY TRAIL, #	2108		REET ADDRESS			
	BOCA RATON FL 33496	2100		TY-ST-ZIP			
CITY-ST-ZIP TITLE	BOCA RATON FL 33490	☐ DELETE	2.1 TI			Change	Addition
NAME		C December	2.1 II			_ ,	_
	•			REET ADDRESS			
STREET ADDRESS	منجه سرايا		~~ .	TY-ST-ZIP	ing in the second of the seco	~	
CITY-ST-ZIP		☐ DELETE	3.1 TI			☐ Change	Addition
NAME			3.2 N				
STREET ADDRESS				REET ADDRESS			
				TY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TI			☐ Change	☐ Addition
NAME			4. 2 N				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		☐ DELETE	5.1 TI			Change	Addition
NAME	,	_	5.2 N	ŀ			
STREET ADDRESS			5.3 S	REET ADORESS			
CITY-ST-ZIP	1		5.4 C	TY-ST-ZIP			
TITLE		☐ DELETE	6.1 TI			☐ Change	Addition
NAME .			6.2 N	AME .			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90206 031 ***150.00