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 # S03800

THE SCRUB TUB LAUNDRIES, INC.

Principal Place of Business		Mailing Address						
7070PIONEER R	OAD	7070 PIONEETR ROAD					•	
W PALM BEACH FL 33413 US		W PALM BEACH FL 33413				DO NOT WRITE IN THIS SPACE		
		US				3. Date Incorporated or Qualifed		
						09/28/1990		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26	⊢ •			64-0244583 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	5. Certificate of Status Desired	· ·	5 Additional
22		27				5. Certicale of Status Desired	Fee_	Required
City & State	8	City & State	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip	¬ '			8. This corporation owes the current year in		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	rent Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
	AC IACK			٠,	Name			
	AS, JACK		82 Street Ad		Street Add	ress (P.O. Box Number is Not Acceptable)		
) PIONEER ROAD ALM BEACH FL 33413		83					
VV P/	ALM BEACH FL 33413		İ	03				
				84	City	FI	85 Z	ip Code
44.5		SECO COT 1500 Florido Statut	oc the a	2016	-named corr	poration submits this statement for the numose of	= ↓ f changing	its registered
affina ar r	agistored agent or both in the Sta	ite of Florida. Such change was a	uutnonzed	nv r	тве согрогаці	on's board of directors. I hereby accept the appo	intment as	registered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, Flo	rida Statu	ites.				+
SIGNATURE		(NOTE	Desistered	Agont	evanahum roquire	ad when reinstating) DATE		
12.	Signature, typed or printed name of registered	AND DIRECTORS	. 13.	Ayem	agriature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	PTS	☐ DELETE 1.1					Chan	ge 🔲 Addition
NAME	LÚCAS, JACK			ME				1
STREET ADORESS			1.3 ST	1.3 STREET ADDRESS				.
CITY-ST-ZIP			1.4 CF	TY-\$T-	-ZiP			
TITLE	II I ALM OCAULITE		2.1 TII	2.1 TITLE			☐ Chan	ge 🔲 Addition
NAME	▼		2.2 NA	ME				Ì
STREET ADDRESS	-7070 PIONEER ROAD	ر برا ت میون ی چار داد در ایند این	2.3 ST	REET	ADDRESS			.
CITY-ST-ZIP			2.4 CI	TY-ST	r-zip		- 7, -	
TITLE			3.1 TIT	LE.			Chan	ge 🗌 Addition
NAME			3.2 NA	ME				1
STREET ADORESS			3.3 ST	REET	ADDRESS			
CITY-ST-ZIP			3.4, CI	TY-ST	r-ziP			
TITLE		☐ DELETE	4.1 TIT	TLE.			☐ Chan	ge 🔲 Addition
NAME			4. 2 N	AME				
STREET ADDRESS	,		4.3 ST	REET	ADDRESS	-		
CTY-ST-ZIP			4.4 CT	TY-ST	-ZIP			
TITLE	•	☐ DELETE	5.1 TD			•	☐ Char	ge 📋 Addition
NAME	,		5.2 NA	ME				ł
STREET ADDRESS			5.3 ST	REET.	ADDRESS			ļ
CITY-ST-ZIP				TY-ST	:-ZIP			
TITLE		☐ DELETE	6.1 71	TLE			Char	ge

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 appear with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90034 050 ***150.00