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

**PROFIT** CORPORATION ANNUAL REPORT 1999

DOCUMENT # S09566



Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90157 048 \*\*\*150.00 FLORIDA DEPARTMENT OF STATE **Katherine Harris**

FRESH TOUCH CLEANING SERVICE INC							/	
						)		
Principal Plac	e of Business	Mailing Address				-{		1 81811 81811 1881
•		<del>-</del>				1 .		
255 LAS PALMAS STREET ROYAL PALM BEACH FL 33411  255 LAS PALMAS STREET ROYAL PALM BEACH FL 3341						1		
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
-						10/26/1990		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
26						65-0242456	<u> </u>	Not Applicable
21)						00 02 42 400		Additional
						5. Certificate of Status Desired		Required
22 27 City & State City & State			<del></del>			State of the state		<del></del>
						6. Election Campaign Financing		May Be - d to Fees
23		28				Trust Fund Contribution		1 to rees
, Zip	Country	Zip	Cou	ппу		8. This corporation owes the current year In		Chr
24	25		30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curr	rent Registered Agent		041 -	h.	10. Name and Address of New Registered	Agent	
<b>.</b>	IOTT VIVONINE			81 1	Name			
ELLIOTT, YVONNE				82 5	Street Addre	Address (P.O. Box Number is Not Acceptable)		
255 LAS PALMAS STREET				[_[ `				<u>-</u>
ROYAL PALM BEACH FL 33411				83				<del></del> -
				<b> </b>			Ta-1	
		_		84 (	City	FL	85  Ži	Code
SIGNATURE	Signature, typed or printed name of registered	<del></del>	<del>-</del>	Agent sig	ignature required	when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	D DIREC ☐ Chang	
TITLE	STD	☐ DELETE	1.1 TITLE				☐ Grang	
NAME	ELLIOTT, YVONNE		1.2 N	<b>WE</b>				
STREET ADDRESS			1.3 ST	REETAD	DORESS			
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		1.4 CITY-ST-ZIP		MP			
TITLE	PD	☐ DELETE	ETE 2.1 TITL				Chang	e
NAME	ELLIOTT, VINCENT	•		2.2 NAME			_	
STREET ADDRESS	ACCULA DALLAS OVERT		2.3 STREET ADDRESS		DDRESS		`	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33	411	1	aty-st-z	ì			,
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NAME	] <del></del>	•	3.2 N		ļ			
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NAME	<b>\</b>		6.2 N	AME.	{			
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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.

SIGNATURE:

04-24-99

Sb1-790-3632