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

A downerold

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$2643

(8)

LOEHMANN'S PLAZA CLEANERS, INC.

FILED Feb 25 1998 8:00am Secretary of State

797-7081

Principal Place of Business Mailing Address						hi andii didii alan ah	III BIBN BIBN NABR
CAMPUS WALK CENTER 2551 DREW STREET. STE. 103 CLEARWATER FL 34625		CAMPUS WALK CENTER 2551 DREW STREET. STE. 103 CLEARWATER FL 34625		DO NOT WRITE IN THIS SPACE			
					 Date Incorporated or Qualified 01/22/1991 		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26	·		59-3052846		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
h		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country Zip C		Country	,	Trust Fund Contribution		ded to Fees
24	25 29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	g. Name and Address of Currer				10. Name and Address of New Re		
LO	MBARDO, MARIA A.		81	Name			
2551 DREW ST.			82	Street A	ddress (P.O. Box Number is Not Acceptab	ole)	
SSUITE 103							
CL	EARWATER FL 34625		83				
			84	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statute	s, the above	e-named c	corporation submits this statement for the p	purpose of changi	ing its registered
l office or i	registered agent, or both, in the State im familiar with, and accept the oblig	rof Ftorida. Such changa was ar	ithorized by	, the coroo	oration's board of directors. I hereby accer	of the appointment	nt as registered
SIGNATURE	More A Louber	do	iou otation		ν <i>Θ</i> .	75-48	,
SIGNATURE	Signiture, typed or printed name of registered age	ent and title if applicable (NOTE:	Registered Age	ent signature re	equired when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PVS	DELETÉ	1.1 TITLE			∐ Cha	nge [_] Addition
NAME	LOMBARDO, MARIA A.		1.2 NAME				
STREET ADDRESS	ALPADMATED PL		1.3 STREET	1			
CITY-ST-ZIP TITLE			1.4 CITY-S 2.1 TITLE	T-ZIP		Cha	nge Addition
NAME	10		2.7 THE 2.2 NAME				ingo 🗀 Addition
STREET ADDRESS	ARTA BOOK OF OURTE AND		2.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY-ST-ZIP				
TITLE			3.1 TITLE	-	· · · · · · · · · · · · · · · · · · ·	Cha	nge Addition
NAME			3.2 NAME				
STREET ADDRESS	1		3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY - S	ST-ZIP			
TITLE	DELETE 4.1		4.1 TITLE	[☐ Cha	nge Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP		C or cre	4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TiTL€			L. Chai	nge L Addition
NAME			5.2 NAME	4000500			
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST 6.1 TITLE	1-ZIP		☐ Chai	nge
NAME			6.2 NAME		: '	المارك كي	
STREET ADDRESS			6.3 STREET	ADDRESS	*		
CITY-ST-ZIP			6.4 CITY - S		·		
14 hereby o	certify that the information supplied w	ith this filing does not qualify for	the exempt	tion stated	in Section 119.07(3)(i), Florida Statutes. 1	further certify tha	t the information
officer or	on this annual report or supplementa director of the corporation or the rec- or Block 13 if changed, or on an attac	eiver or trustee empowered to ex	rate and tha recute this r	at my signa report as r	ature shall have the same legal effect as if equired by Chapter 607, Florida Statutes; a	made under oath and that my name	n; that I am an e appears in