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Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S26434

1. Corporation Name

LOEHMANN'S PLAZA CLEANERS, INC.

Principal Place of Business

**CAMPUS WALK CENTER
2551 DREW STREET, STE. 103
CLEARWATER FL 34625**

Mailing Address

**CAMPUS WALK CENTER
2551 DREW STREET, STE. 103
CLEARWATER FL 34625**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1991

4. FEI Number

59-3052846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LOMBARDO, MARIA A.
2551 DREW ST.
SUITE 103
CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

81 Name

Danicle Lombardo

82 Street Address (P.O. Box Number is Not Acceptable)

2551 Drew St.

83

Suite 103

33765

84 City

Clearwater

FL

85 Zip Code

34625

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-3-99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PVS** ☒ DELETE
NAME **LOMBARDO, MARIA A.**
STREET ADDRESS **2551 DREW ST. SUITE 103**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **TD** ☒ DELETE
NAME **LOMBARDO, MARIA A.**
STREET ADDRESS **2551 DREW ST. SUITE 103**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PVS** ☒ Change ☐ Addition
1.2 NAME **Lombardo, Danicle**
1.3 STREET ADDRESS **2551 Drew St. suite 103**
1.4 CITY-ST-ZIP **Clearwater, FL**

2.1 TITLE **TD** ☒ Change ☐ Addition
2.2 NAME **Lombardo, Danicle**
2.3 STREET ADDRESS **2551 Drew St. suite 103**
2.4 CITY-ST-ZIP **Clearwater FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (11/98)