

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S59710** (1)

1. Corporation Name

GREAT AMERICAN CLEANERS, INC.

Principal Place of Business

**C/O 1630 NORTH FEDERAL HWY
FT. LAUDERDALE FL 33305**

Mailing Address

**1750 UNIVERSITY DR.
SUITE 222
CORAL SPRINGS FL 33071
US**



3. Date Incorporated or Qualified

06/14/1991

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0269925

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 **2424 N. Federal Highway**

Suite, Apt. #, etc.

22 **353**

City & State

23 **Boca Raton, FL**

Zip

24 **33431**

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 **111**

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**KANOUSE, KEITH J
2424 NORTH FEDERAL HIGHWAY
SUITE 353
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

TEEVEN, GERARD J.

STREET ADDRESS

1750 UNIVERSITY DRIVE #111

CITY-ST-ZIP

CORAL SPRINGS FL

TITLE

DS

NAME

TEEVEN, GERARD P.

STREET ADDRESS

1750 UNIVERSITY DRIVE #111

CITY-ST-ZIP

CORAL SPRINGS FL

TITLE

VP

NAME

SLAVIN, MICHAEL

STREET ADDRESS

1750 UNIVERSITY DR.

CITY-ST-ZIP

CORAL SPRINGS 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

**700001834597
-05/22/96--01055--001**

*****400.00**

**700001834597
-05/22/96--01055--001**

*****400.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Gerard J. Teeven

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

954-346-9501

CR2E034 (12/95)