May 06, 1999 8:00 am Secretary of State

05-06-1999 90298 008 ***600.00

DO NOT WRITE IN THIS SPACE

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

Mailing Address 1750 UNIVERSITY DR.

CORAL SPRINGS FL 33071

SUITE 111

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S59710**

1. Corporation Name

Principal Place of Business

1750 UNIVERSITY DR

CORAL SPGS FL 33071

GREAT AMERICAN CLEANERS, INC.

US		US				3. Date incorporated or Qualifed 06/14/1991				
					_	4, FEI Number		1 And	olied For	
	ace of Business	<u> </u>	2a. Mailing Address			1 "	-		Applicable	
21		26				65-0269925	<u> </u>			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State	9		City & State			6. Election Campaign Financing	\$5	00	Mav Be	
23		28				Trust Fund Contribution			Fees	
Zip	Country Zip			try		8. This corporation owes the current year Inta	naible			
⊢ ¬ '	25 29 30			¬ ´		1 9,	Ye		□No	
24 25 29 3 9. Name and Address of Current Registered Agent					-	10. Name and Address of New Registered Agent				
	9. Italie and Address of Co	arient registered Agent	8	31	Name					
TEEVEN, GERARD P					_					
1750 UNIVERSITY DR.			8	82 Street Address (P.O. Box Number is Not Acceptable)						
	E 111		83				_			
CORAL SPRINGS FL 33071							T T			
			8	34	City	FL	85	Zip C	ode	
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida Statutes	the abo	ove	-named corp	oration submits this statement for the purpose of or	hangi	ng its	registered	
office or n	edistered agent, or both, in the S	State of Florida. Such change was autl bligations of, Section 607.0505, Florid	norizea c	DV (he corporatio	on's board of directors. I hereby accept the appoin	lment	as reg	jistered	
SIGNATURE	Signature, typed or printed name of registere	ad agent and title if applicable. (NOTE: R	tegistered A	gent	signature required	d when reinstating) DATE				
12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS AN	DIR	ECTO	RS IN 12	
TITLE	DP DELETE		1.1 TITLE				Ch		Addition	
NAME	TEEVEN, GERARD J.			1.2 NAME						
	1750 UNIVERSITY DRIVE #	(111			ADODESS					
STREET ADDRESS	1		1.3 STREET ADDRESS		l					
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP 2.1 TITLE		-2112		☐ Ch	ange	Addition	
TITLE									البسا	
NAME	TEEVEN, GERARD P.		2.2 NAME							
STREET ADDRESS	1750 UNIVERSITY DRIVE #111			EET	ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL				r-zip					
אווועב }	☐ DELETE			E.			☐ Ch	ange	☐ Addition	
NAME			3.2 NAM	ΙE						
STREET ADDRESS			3.3 STR	EET.	ADDRESS					
CITY-ST-ZIP			3.4. <u>CITY</u>	3.4. CITY-ST-ZIP				_		
TITLE	DELETE			Ε	T		CH	ange	☐ Addition	
NAME			4.2 NAM	Æ						
STREET ADDRESS			4.3 STRI	EET	ADDRESS					
CITY-ST-ZIP			4.4 CITY	-ST	-ZIP					
TITLE		☐ DELETE	5.1 TITL	E			☐ Ch	ange	☐ Addition	
NAME			5.2 NAM	Œ						
STREET ADDRESS			5.3 STRE	EET.	ADDRESS					
)			5.4 CITY	-ST	-ZiP					
CITY-ST-ZIP		☐ DELETE	6.1 T/TLI				☐ Ch	ange	☐ Addition	
. (-)	,,		6.2 NAM					-		
NAME C'					ADDRESS					
STREET ADDRESS			0.3 D K	EE 1	ADDITED !					

6.4 CITY-ST-ZIP

SIGNATURE:

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 suppliemental 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 on 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.

CR2E034 (11/98)