PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90268 033 \*\*\*150.00

DOCUMENT # **S88651** 1. Corporation Name ART'S DRY CLEANERS, INC. Principal Place of Business Mailing Address 5534 W OAKLAND PARK BLVD 5534 W OAKLAND PARK BLVD LAUDERHILL FL 33313 LAUDERHILL FL 33313 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/21/1991 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 65-0292475 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 28 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible Yes □No 24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LI, ARTHUR 82 Street Address (P.O. Box Number is Not Acceptable) 5534 W OAKLAND PARK BLVD FT LAUDERDALE FL 33313 83 84 City Zip Code 85 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) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition **LI. ARTHUR** NAME 1.2 NAME 5534 W OAKLAND PK BLVD STREET ADDRESS 1.3 STREET ADORESS CITY-ST-ZIP FT LAUDERDALE FL 1.4 CITY-ST-ZIP ☐ Addition ☐ DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Addition ☐ Change TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 34 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4: 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST: ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE ☐ Addition TITLE ☐ Change 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 appear with an address, with all other like of phowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-20-99 (954)253-3682

CR2E034 (11/98)