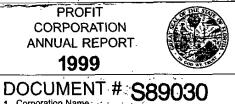
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT.

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90120 046 \*\*\*150.00

G.G.'S C	LEANING SERVICE INC						
Principal Place	of Business	Mailing Address			-	alt atati binii at	
% GINA G. HARBISON & LAURIE J. MAURER 8763 NW 35TH ST CORAL SPRINGS FL 33065 US 2139 UNIVERSITY DRIVE SUITE 216 CORAL SPRINGS FL 33071 US					DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed  10/23/1991	SPACE	
2. Principal Place of Business 2a. Mailing Address				_	4. FEI Number	Apı	plied For
21	,	26			65-0286363	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired   \$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 30	Country		This corporation owes the current year Int Personal Property Tax.	Yes	□No
9. Name and Address of Current Registered Agent				<del>_</del> .	10. Name and Address of New Registered	Agent	
GINA G. HARBISON & LAURIE J. MAURER 8 <del>763 N.W. 35 STREE</del> T CORAL SPRINGS FL 33062			81 82 83		ass (P.O. Box Number is Not Acceptable)	 ص	
				643 CS2	a-Sprzuel FL	85 Zip C	(Fo)
11. Pursuant office or re	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.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE							
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regi	istered Agent	signature required	when reinstating) , T- , DATE .	18. , 7	1,
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN		
ாயூ≾்∂்	DPS: See See See See See See See See See S	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	HARBISON, GINA G.		1.2 NAME				
STREET ADDRESS	2139 UNIVERSITY DR., #216:	1	1.3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-ST	-ZIP			
TITLE	DVT	☐ DELETE	2.1 TITLE		•	Change	☐ Addition
NAME.	MAURER, LAURIE J.			İ			
STREET ADDRESS	2139 UNIVERSITY DR., #216	1	2.3 STREET	ADDRESS			}
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2. 4 CITY-ST	T-ZIP			
TITLE .	Jan de la la descripción	_ DELETE	3.1 TŢŢŢŢ	_ . <u>~</u>		☐ Change	☐ Addition
NAME		i	3.2 NAME				
STREET ADDRESS		1	3.3 STREET	ADORESS			ľ
CITY-ST-ZIP			3.4. CITY-ST	T-ZIP			
TITLE	•	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			Ì
CITY+ST-ZIP			4.4 CITY-ST	-ZIP			
TITLE		☐ DELETE	5.1 TITLE		•	☐ Change	☐ Addition
NAME	• •		5.2 NAME	1	·		1
STREET ADDRESS		<b>!</b>	5.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	,	į	5.4 CITY-ST	-ZIP			
TITLE		□ DELETE	6.1 TITLE			☐ Change	☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE