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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATI

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$90555
ARISTOCRAT CLEANERS, INC.

(1)

FILED Feb 24 1998 8:00am Secretary of State



Principal Place	e or Business	Mailing Address	i			
6745 PEMBROKE ROAD PEMBROKE PINES FL 33023		6745 PEMBROKE ROAD PEMBROKE PINES FL 33023				
					DO NOT WRITE IN TH	HIS SPACE
					3. Date Incorporated or Qualified	
					10/29/1991	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0294816	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			\$8.75 Additional
22		27	27		<b>5.</b> Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	<b>7</b> ip	Cou	intry	8. This corporation owes or has paid the	<del></del>
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur	rent Registered Agent	······································	I	10. Name and Address of New Register	ed Agent
SII	IGER, VIVIENNE			81 Name		
20355 NE 34TH COURTE						
	NTHOUSE 2721			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	ENTURA FL 33180			83		
~	EMIONATE SOTO					
				84 City		85 Zip Code
dd Danis	10 0	0.00				L S Zip Code
office or ri	eaistered agont, or both, in the St	usuz and 607.1508, Floric ate of Florida. Such chan	ia Statutes, the ai de was authorize	bove-named cor d by the coroors	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered
agent. I a	m familiar with, and accept the ob	oligations of, Section 607.	0505, Florida Stal	tutes.	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	appen milen as regionales
SIGNATURE			T-7-7-7-17-17-17-17-17-17-17-17-17-17-17-			
	Signature, typed or printed name of registered	77 B/2 B 11 B/2		d Agent signature requ	uired when reinstaling) DAT	
12.	PD OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE		[_] DE		1		Change Addition
NAME	SINGER, VIVIENNE		1.2 N	AME		i
STREET ADDRESS	20355 NE 34TH CT		1.3 SI	REET ADDRESS		i i
CITY-ST-ZIP	AVENTURA FL			TY-ST-ZIP		
TITLE	ST	☐ DE	LETE 21TI	TLE		☐ Change ☐ Addition
NAME	SINGER, VIVIENNE		22 N/	AME		
STREET ADDRESS	20355 NE 34TH CT		2.3 \$1	REET ADDRESS		
CITY-ST-ZIP	aventura fl		2.40	ITY+ST-ZIP		
TITLE		DE				Change Addition
NAME			3.2 N/			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				ITY-ST-ZIP		
TITLE		DE				☐ Change ☐ Addition
NAME		,J DC	4.2 N		•	L Vitalige L Mudition
STREET ADDRESS						
				REET ADDRESS		
CITY-ST-ZIP				TY-\$T-ZIP		
TITLE		D€		1		Change Addition
NAME			5.2 NA			
STREET ADDRESS			5.3 ST	REET ADDRESS		ĺ
CITY-ST-ZIP				TY-ST-ZIP		
TOTLE		☐ DE	LETE 6.1 TIT	rle T		Change Addition
NAME			6.2 NA	IME		
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY-ST-ZIP				TV 61 710		

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 changos? Or on an attachment with an address.

SIGNATURE: Devropment Soveres

2/19/98 954-987 1520

R2E034 (10/97)