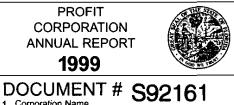
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION** ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 07, 1999 8:00 am Secretary of State

05-07-1999 90148 005 \*\*\*150.00

UNIFORM SALES ASSOCIATES, INC.					
Principal Place	o of Puninger	Mailing Address		_{	
·		3570 CONSUMER STREET			
3570 COMSUMER STREET   3570 CONSUMER STREET   STE #5   STE #5					
WEST PALM BEACH FL 33404 WEST PALM BEACH FL 3340			1	DO NOT WRITE IN THIS	SPACE
US US				3. Date Incorporated or Qualifed	
				11/05/1991	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21   Same as above   26   Same as A		26 Same as Ab	ove	65-0293404	Not Applicable
22 27				5. Certifcate of Status Desired	Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25 Palm Bok	29 36	<u>)                                    </u>	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registered	Agent
FUIN	NGS, INC.		81 Name		
3732 NW 16TH STREET			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
FTL	AUDERDALE FL 33311		83		
			84 City		85 Zip Code
				FL.	<b>-</b>   '
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				(when reinstation) 4/30/9	9
40	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Re AND DIRECTORS	egistered Agent signature required	ADDITIONS/CHANGES TO OFFICERS AN	
12.	VP OFFICERS /		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	BONE, ROBERT	□ DELETE X	l i	No Iongor With Compan	23
STREET ADDRESS	3526 WHITEHALL DRIVE		T.	No Longer With Compan No stock owned	<b>У</b>
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	NO SCOCK Owned	
TITLE	P	☐ DELETE	2.1 TITLE		Change Addition
NAME	FENTON, THOMAS B		2.2 NAME		
STREET ADDRESS	100 PARADISE HARBOR		2.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE Se	ecretary & Treasurer	Change Addition
NAME				mma Jane Fenton	٠.
STREET ADDRESS			3.3 STREET ADDRESS 1 (	00 Paradise Hbr. #212	
CITY-ST-ZIP	<u></u>	□ perete	3.4. CITY-ST-ZIP	orth Palm Beach, Fla.	33408 Addition
TITLE		☐ DELETE	4.1 TITLE	•	□ cuange □ Muddon
NAME STREET ADDRESS			4. 2 NAME		
STREET ADORESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS					
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
'''		☐ DELETE			☐ Change ☐ Addition
NAME		☐ DELETE	5.4 CITY-ST-ZIP		Change Addition
	Francisco (Santana)	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition

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.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THOMAS B. Fenton Date