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

**PROFIT CORPORATION** ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

TITLE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 21 1998 8:00am

Secretary of State

Change Addition

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** V46712

(8)

1. Corporation	on Marne	- (~)						
CAROL	LE'S UNIFORMS, INC.							
Principal Plac	ce of Business	Mailing Address				f samts asimis aften milit fålar 14614 sims mints atal	E:0:1 0:01: 0:01: 0 01: 100:	
144 EXECUT		144 EXECUTIVE CIR						
BOYNTON B	BEACH FL 33436	BOYNTON BEACH FL 33436				DO NOT WRITE IN THIS SPACE		
00	,					3. Date Incorporated or Qualified		
						3. Date Incorporated or Qualified  06/24/1992  4. FEI Number 65-0346282  5. Certificate of Status Desired		
2. Principal F	2a. Mailing Address	ailing Address				<del></del>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
22		27				5. Certificate of Status Desired	T	
City & Sta	ite	City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution		
Zip	Country	7ip	$\rightarrow$	untry				
24	25 9, Name and Address of Currer	29	30			The state of the s		
	<del></del>	it uedistelen waalit	· ·	81	Name	10. Name and Address of New Registered	Agent	
	oft, glenn sr. 14 executive cir		i					
	DYNTON BEACH FL 33436			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	JINION BEACH PE 33430			83				
				84	City		as Zin Code	
l				-	-	FL	_   `	
office or agent. Fa SIGNATURE							pointment as registered	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PT	DELETE	1.1 ][	TLE			Change Addit	
NAME	TOFT, GLEN		1.2 N/	AME				
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CITY-ST-ZIP	BOYNTON BEACH FL VS			1.4 CITY - ST - ZIP 2.1 111LE			Change Addit	
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STREET ADDRESS	TOFT, CAROLE A. 144 EXECUTIVE CIRCLE				ADDRESS			
CITY-ST-ZIP	BOYNTON BCH. FL			HY-S	· · · · · · · · · · · · · · · · · · ·			
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CITY-ST-ZIP 14. Thereby 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.

54 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CHTY - ST - ZIP

61 THLE

6.2 NAME

DELFTE