May 10, 1999 8:00 am Secretary of State

05-10-1999 90071 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V67028

1. Corporation Name

DENIM & LACE CLEANERS, INC.

Principal Place	e of Business	Mailing Address) 1991 Brists Sith 1291 55115 11991 1811 61811 1	.1811 81811		1811 81831 1881
3533 UNIVERSITY BOULEVARD N JACKSONVILLE FL 32277 US		3533 UNIVERSITY BOULEVARD N JACKSONVILLE FL 32277 US				DO NOT WRITE IN THIS SPACE					
		•						Date Incorporated or Qualifed 09/28/1992			
2. Principal Place of Business 2a. Mailing Address							4.	FEI Number			plied For
21 26								59-3143886			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 \$5.00 May Be				
23		Zip Country					Trust Fund Contribution			o Fees	
Zip	Country	Zip		nuy			8.	This corporation owes the current year In Personal Property Tax.	tangible Ye:		□No
24	9. Name and Address of Current	29 29 Agent	30	l			10.	Name and Address of New Registered			
	3. Name and Address of Carrott	Hogiototoo yigani.	•	81	Name						
PAUL, HERMAN S. 2468 ATLANTIC BOULEVARD				82	Street	t Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE FL 32207				83						- · · · · · · · · · · · · · · · · · · ·	
				84 City					85	Zip C	Code
								FL			
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	authorized	i by i	tne com	d corpora oration's	ation s bo	submits this statement for the purpose of ard of directors. I hereby accept the appo	changi intment	ng its as rec	registered gistered
SIGNATURE						J					
	Signature, typed or printed name of registered agent OFFICERS ANI		E. Registered 13.	Agent	signature	required wi		instating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIR	ECTO	RS IN 12
TITLE	PD OFFICERS AND	☐ DELETE	1.1 TI	ne.		1		001101101011111020 10 01110211011	Ch		Addition
NAME	VAN DE WARKER, TRAUTE		1.2 NA								
STREET ADDRESS	3533 UNIVERSITY BLVD N		1.3 ST	REET	ADDRESS	3					
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		-ZIP						
TITLE	STD	☐ DELETE	2.1 TI	rLE					Cr	nange	Addition
NAME	van de Warker, Donald		2.2 NA	ME							
STREET ADDRESS	3533 UNIVERSITY BLVD N		2.3 ST	REET	ADDRESS	3					
CITY-ST-ZIP	JACKSONVILLE FL		_	2.4 CITY-ST-ZIP							Addition
TITLE				3.1 TITLE 3.2 NAME					☐ Ch	lange	☐ Addition
NAME											
STREET ADDRESS					ADDRESS	·					-
CITY-ST-ZIP TITLE		☐ DELETE	3.4. C		1-214				ПСН	ange	Addition
			4. 2 N						_	·	
NAME STREET ADDRESS			- 1		ADDRESS	,					
CITY-ST-ZIP				TY-ST							
TITLE		☐ DELETE	5.1 TI						□ Cł	nange	Addition
NAME			5.2 NA	ME							
STREET ADDRESS			5.3 ST	REET	ADDRESS	3					Ì
CITY-ST-ZIP			5.4 CF		-ZIP						
TITLE		☐ DELETE	6.1 T/	ΠE					☐ Ch	nange	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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DOVALDH. VANDOWARKUR