

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morhart  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000031268 (4)**

1. Corporation Name  
**46TH STREET COMMUNITY COIN LAUNDRY INC.**



Principal Place of Business  
**3163 NW 46TH ST MIAMI FL 33142**

Mailing Address  
**3163 NW 46TH ST MIAMI FL 33142**

3. Date Incorporated or Qualified **04/28/1993** 3a. Date of Last Report **05/01/1995**

4. FLI Number **65-0411718** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
 21 Suite Apt #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 **8801 NW 35 AVE RD**  
 Suite Apt #, etc.  
 27  
 City & State  
 28 **Miami Florida**  
 Zip Country  
 29 **33147** 30

9. Name and Address of Current Registered Agent  
**TAYLOR, MICHAEL  
 14837 NW 7TH AVE  
 MIAMI FL 33168**

10. Name and Address of New Registered Agent  
 81 Name **MARY Butler**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**8801 N.W. 35 Ave Rd.**  
 83  
 84 City **Miami** FL 85 Zip Code **33147**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 *Mary Butler*  
 Signature of person registered agent and not applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTLER, BAILEY</b>	2. NAME	
STREET ADDRESS	<b>8801 NW 35TH AVE</b>	3. STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	4. CITY-ST-ZIP	
TITLE	<b>VD</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTLER, MARY</b>	6. NAME	
STREET ADDRESS	<b>8801 NW 35TH AVE</b>	7. STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	8. CITY-ST-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Mary Butler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 (305) 638-2939

CR2E034 (12/95)