

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 337161 (4)

1. Corporation Name

SUN LAUNDRIES, INC.



Principal Place of Business

95 MERRICK WAY 6TH FLOOR
CORAL GABLES FL 33131

Mailing Address

ATTN: ROBERT M. KRITZMAN
95 MERRICK WAY
CORAL GABLES FL 33131
US

3. Date Incorporated or Qualified

12/05/72

3a. Date of Last Report

02/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1222058

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ-PITA, J. ALBERTO, ESQ.
200 S BISCAYNE BLVD 50TH FLOOR
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

PD
NAME ARON, ADAM M.
STREET ADDRESS 95 MERRICK WAY
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

DVT
NAME WALTERS, ROBERT G.
STREET ADDRESS 95 MERRICK WAY
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

DVS
NAME COOLER, LAMARR
STREET ADDRESS 95 MERRICK WAY
CITY-ST-ZIP CORAL GABLES FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

VS
NAME KRITZMAN, ROBERT M.
STREET ADDRESS 95 MERRICK WAY
CITY-ST-ZIP CORAL GABLES FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 registered agent; and that I understand the consequences of providing false information on this report as provided in Section 607, Florida Statutes, and that my name is entered in Block 12 of this report.

SIGNATURE:

Robert M. Kritzman

Robert M. Kritzman 4/8/96 (305) 447-9660

SIGNATURE AND TYPE FOR PROCEEDING TO BE FILED WITH THE STATE OF FLORIDA

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