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FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

7665 Corporate  
Center Drive  
Miami, FL 33126

c/o Robert M. Kritzman  
7665 Corporate Center Dr.  
Miami, Florida 33126

3. Date Incorporated or Qualified 12/05/1972  
3a. Date of Last Report 04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ PITA, JALBERTO, ESQ.  
200 S BISCAYNE BLVD 50TH FLOOR  
MIAMI FL 33131

81 Name Curtis J. Mase, Esq.  
82 Street CHAFFE, McCALL, PHILLIPS,  
83 TOLER & SARPY, L.L.P.  
84 City 2600 Brickell Bay Office Tower  
1001 S. Bayshore Drive  
Miami, Florida 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARON, ADAM M.	
STREET ADDRESS	95 MERRICK WAY	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	COOLER, LAMARR	
STREET ADDRESS	95 MERRICK WAY	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	WALTERS, ROBERT G.	
STREET ADDRESS	95 MERRICK WAY	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	V8	<input type="checkbox"/> DELETE
NAME	KRITZMAN, ROBERT M.	
STREET ADDRESS	95 MERRICK WAY	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	HANS E. Gotheus	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	7665 Corporate Center Dr.	
1.4 CITY - ST - ZIP	Miami, Florida 33126	
2.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	7665 Corporate Center Dr.	
2.4 CITY - ST - ZIP	Miami, Florida 33126	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	7665 Corporate Center Dr.	
4.4 CITY - ST - ZIP	Miami, Florida 33126	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Kritzman

Date

(305) 486-4651

CR2E034 (9/96)