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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 414277

(4)

BLUE RIBBON LAUNDRY, INC.

FILED Apr 25 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					
1415 NW 21 TERR PO BOX 420040					
MIAMI FL 33242-0040 1415 NW 21 TER		1415 NW 21 TERRACE		1	
		MIAMI FL 33142-7735 US		3, Date Incorporated or Qualified 12/07/1972	3a, Date of Last Report 04/30/1996
2. Principa	nt Prace of Business	28. Mailing Address		4. FEI Number	Applied For
21		26		59-1437655	Not Applicable
	pt #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & S	State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	B. This corporation has liability for in	
24	25	29	30		Yes No
	9. Name and Address of Curr			10. Name and Address of New Reg	Istered Agent
S	TEINBERG, MARK		81 Name	·	
	907 SEMINOLE STREET		82 Street Add	dress (P.O. Box Number is Not Acceptable	۵)
	IIAMI FL 33133		95 211461 MUC	iless (F,O. BOX NOTIDE) IS NOT ACCEPTED	0)
•			83		
			84 City		85 Zip Code
SIGNATUF	5-greature, typied or printed name of registered a	agent and title if applicable. (NOTE: NND DIRECTORS	Registered Agent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/OFFICE TO OFFICE	Change Additio
NAME	STEINBERG, MARK S.		1.2 NAME		
STREET ADDRE	ASSE SELULIOLE ST		1,3 STREET ADDRESS		
CHY-S1-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP		
TITLE	ST	DELETE	2.1 TITLE		Change Addition
NAME	KUSHNER, MICHAEL		2.2 NAME		
STHEET ADDRE			2.3 STREET ADDRESS		
CITY-ST-ZiP	HOLLYWOOD FL		2.4 CITY - ST - ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		Change Addition
NAME	KUSHNER, MARK		32 NAME		
STREET ADDRE			3.3 STREET ADDRESS		
CITY - S1 - 74P	HOLLYWOOD FL		3.4 CITY-ST-ZIP		TO ALL TO ALL
TITLE		DELETE	4.1 TITLE		Change Additio
NAMÉ			4. 2 NAME		
STREET ADDRE	S\$ }		4.3 STREET ADDRESS		
CHY-ST ZIP		DELETE	4.4 CITY-ST-ZIP		Change Additio
TITLE NAME		□ nere ie	5.1 TITLE 5.2 NAME		Emi change Emi Mounto
	cc		5.3 STREET ADDRESS		
STREET ADORE	28				
CITY-ST-7:P TITLE		☐ DELETE	5.4 CITY+ST-ZIP 61 TITLE		Change Additio
NAME		L beerie	62 NAME		En Arminga En Maning
STREET ADDRE	a l		6.3 STREET ADDRESS		
CITY - ST - ZIP	***(6.4 CITY-ST-ZIP		
2111 21-51			0.4 0011 01-80		

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 in an attachment with an address.

SIGNATURE:

GNAYURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

705-325-19h

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