May 27, 1999 8:00 am Secretary of State

05-27-1999 90006 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 431732

Suite, Apt. #, etc.

City & State

Zip

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COMMERCIAL LAUNDRY REPAIRS, INC.

Principal Place of Business	Mailing Address	
3427 S.W. 64 AVE MIAMI FL 33155	3427 S.W. 64 AVE MIAMI FL 33155	

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Suite, Apt. #, etc.

City & State

07/30/1973 4. FEI Number Applied For 59-1485887 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution

28 Country This corporation owes the current year Intangible Country 30 Personal Property Tax. 29 9. Name and Address of Current Registered Agent

RHODES, JOHN 3427 S W 64TH AVE **MIAMI FL 33155**

	10. Name and Address of New Registered Agent								
81	Name								
82	Street Address (P.O. Box Number is Not Acceptable)	_							
83		_							
84	City E1 85 Zip Code	-							

3. Date Incorporated or Qualifed

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.

c.g					i
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ri	egistered Agent signature require	red when reinstating)	BATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	P DELETE	1.1 TILE		☐ Change	☐ Addition
NAME.	RHODES, JOHN	1.2 NAME			,
STREET ADDRESS	3427 SW 64 AVE	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP			
TITLE	S. DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	RHODES, ANITA	2.2 NAME			
STREET ADDRESS	3427 SW 64 AVE	2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		-	
TITLE	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	3	3.2 NAME			
STREET ADDRESS	,	3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME		4. 2 NAME			ļ
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		6 2 NAME			ĺ
STREET ADDRESS		6.3 STREET ADDRESS			l
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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.

SIGNATURE: JOHN W. RHODES
SIGNATURE AND TYPED OR PRINTED NAME OF

□No