

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 # 551408 (8)

1. Corporation Name

COIN LAUNDRY LEASING CORP.



Principal Place of Business

820 S DIXIE HWY. WEST  
POMPANO BEACH FL 33060

Mailing Address

820 S DIXIE HWY. WEST  
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified  
11/17/1977

3a. Date of Last Report  
05/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1800867

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLIGAN, HARRY S.  
2001 N.W. 45TH AVE.  
COCONUT CREEK FL 33066

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 607.0502 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 the name of the corporation

(If CLE Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MILLIGAN, HARRY S.  
STREET ADDRESS 2001 N.W. 45TH AVE.  
CITY-ST-ZIP COCONUT CREEK FL

☐ DELETE

TITLE D  
NAME RUFF, JAMES H.  
STREET ADDRESS 300 N RIVERSIDE DR #1005  
CITY-ST-ZIP POMPANO BEACH FL

☐ DELETE

TITLE D  
NAME LOVGREN, EINAR C.  
STREET ADDRESS 4441 CYCAD LANE  
CITY-ST-ZIP BOYNTON BEACH FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-19-96 946-9100

CR2E034 (12/95)