FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90102 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 639224

1. Corporation Name

ATLANTIC COIN LAUNDRY, INC.

			_						
Principal Place	e of Business	Mailing Address							
198 NE 33 STR	=	198 NE 33 ST.							
OAKLAND PARK FL 33334		OAKLAND PARK FL 33334 US			W TON OO	RITE IN THIS	SPACE		
US		US				3. Date incorporated or Qualif		JI AGE	
						10/10/1979]
2 Principal P	Place of Business	2a. Mailing Address	- · · -		<i></i>	4. FEI Number		I Ar	plied For
	lace of business	26				59-1989853			t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.							Additional
22		27				5. Certificate of Status Desired		Fee Re	
City & Stat	te	City & State	-			6. Election Campaign Financir	na	\$5.00	May Be
23		28				Trust Fund Contribution	'9 🗀	Added	- 1
Zip	Country	Zip	Coun	try		g. This corporation owes the d	urrent vear Int	angible	
24	25	29	30	-		Personal Property Tax.	,	☐Yes	Z No
24]	9. Name and Address of Curi		1			10. Name and Address of Nev	w Registered	Agent	
*******				81 N	lame				
Kur	CBAUM, MANEK		<u> </u>	-		/D.O. Davidson in Mat Acce	manhia)		
991	S.W. 40TH AVENUE		[82 S	treet Addre	ess (P.O. Box Number is Not Acce	eptable)		}
PLAN	NTATION FL			B3					
	•		L						
	•		·	84 ∤ C	City		FL	85 Zip	Code
office of r agent. I a SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obli- Signature, typed or printed name of registered in	gations of, Section 607.0505, Flo	nda Statul	by the tes.				numeric 23 re	gistorou
		agent and title if applicable. (NOTE	: Registered A	gent sig	nature required	when reinstating)	DATE		
12.		agent and title if applicable. (NOTE AND DIRECTORS	Registered A	igent sig	nature required	ADDITIONS/CHANGES TO		D DIRECTO	ORS IN 12
12.		,,,		·	nature required			ID DIRECTO	DRS IN 12
	OFFICERS P	AND DIRECTORS	13.	E	nature required				
TITLE NAME	OFFICERS P KURCBAUM, MANEK	AND DIRECTORS	13. 1.1 TITL 1.2 NAM	E					
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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 arachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #