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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 655823

(3)

CONSOLIDATED LAUNDRY SERVICES, INC.

## **FILED** May 05 1998 8:00am Secretary of State



Suite, Apt. #, etc.  Suite, Ap	nuired Nay Be Fees ngible
ORIANDO FL 32808  ORIANDO FL 32808  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Quelified  02/05/1980  2. Principal Place of Business  2a. Mailing Address 4. FEI Number 59-1968382 Not  Suite, Apt. #, etc. 5. Certificate of Status Desired   \$8.75 a. Fee Reg City & State City & State City & State City & State 3. Date Incorporated or Quelified  02/05/1980  59-1968382 Not Fee Reg City & State B. Election Campaign Financing Added to Fee Reg Trust Fund Contribution   Added to Added to Added to Added to B. This corporation owes or has paid the currer/year Intail Added to Personal Property Tax due June 30 Fee Signal Reg Street Address of Now Registered Agent D'IMASTA, ANDREW M. 4828 JUDY ANN COURT ORLANDO FL 32808  B3 B4 City FL 85 Sirped Address of Now Registered Agent D'IMASTA, William Country ORLANDO FL 32808  B3 B4 City FL 85 Sirped Address of Now Registered Agent D'IMASTA, William Country ORLANDO FL 32808  B3 B4 City FL 85 Sirped Address of Now Registered Agent D'IMASTA, William Country ORLANDO FL 32808  B3 B4 City FL 85 Sirped Address of Now Registered Agent D'IMASTA, William Country ORLANDO FL 32808  B3 B4 City FL 85 Sirped Address of Now Registered Agent D'IMASTA, ANDREW M. 12 Mare Sirped Now Registered Agent Statutes D'IMASTA, ANDREW M. 12 Mare O'IMASTA, PHYLLIS O'I Change O'IMASTA, PHYLLIS O'I Change O'IMASTA, PHYLLIS  DELETE  21 Mare O'IMASTA, PHYLLIS  DELETE  21 Mare O'IMASTA, PHYLLIS	Applicable dditional julred May Be Fees ngible
2. Principal Place of Business	Applicable dditional julred May Be Fees ngible
2. Mailing Address   2a. Mailing Address   4. FEI Number   59-1968382   Not Sulte, Apt. #, etc.   5. Certificate of Status Desired   \$8.75 Ac Fee Reg City & State   27   State   28   Sulte, Apt. #, etc.   5. Certificate of Status Desired   \$8.75 Ac Fee Reg City & State   28   S	Applicable dditional julred May Be Fees ngible
Suite, Apt. #, etc.  City & State  Ci	Applicable dditional julred May Be Fees ngible
Suite, Apt. #, etc.    Suite, Apt. #, etc.	nuired Nay Be Fees ngible
City & State  City & State  Zip  Zip  Country  B. This corporation owes or has paid the current/ear Intal Personal Property Tax due June 30.  Yes  That Personal Property Tax due June 30.  Yes  Intal Personal Property Tax due June 30.  Name  10. Name and Address of New R	May Be Fees ngible
City & State    City & State   City & City & State	Fees ngible
Zip Country Zip Country Zip Country Sip B. This corporation owes or has paid the current/year Intal Personal Property Tax due June 30. Yes Signeture Type and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Nam	ngible
25 29 30 Personal Property Tax due June 30. Ves   9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Virget Address (P.O. Box Number is Not Acceptable)  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 office or registered agent, or both, in the State of Florida Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICE RIS AND DIRE CTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PVD  O'HASTA, ANDREW M.  1.3 STREET ADDRESS  ORLANDO FL  TITLE  8T  DELETE  2 1 TITLE  OFMANASTA, PHYLLIS  O'HASTA, PHYLLIS  O'HASTA, PHYLLIS  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  1.4 CITY-ST-ZIP  TITLE  8T  O'HASTA, PHYLLIS  O'HASTA, PHYLLIS	
9. Name and Address of Current Registered Agent  O'MASTA, ANDREW M. 4828 JUDY ANN COURT ORLANDO FL 32808  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  FL 85 Zip C  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 office or registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, by editor public have of registered agent and billed agreeable (NOTE Registered Agent signature required when relinstating)  DATE  12. OF FICE RS AND DIRECTORS  TITLE  PVD  O'MASTA, ANDREW M.  12 NAME  STREET ADDRESS  GITY-ST-ZIP  ORLANDO FL  O'MASTA, PHYLLIS  Change	No
O'MASTA, ANDREW M.  4828 JUDY ANN COURT ORLANDO FL 32808  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip City	
A828 JUDY ANN COURT ORLANDO FL 32808  82 Street Address (P.O. Box Number is Not Acceptable)  83   Ref.   City   FL   Ref.	
ORLANDO FL 32808  84 City  FL 85 Zip City  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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OF FICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PVD  DELETE  1.1 TITLE  NAME  O'MASTA, ANDREW M.  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  ST  ORLANDO FL  DELETE  2.1 TITLE  ST  ORLANDO FL  Change  Change  Change  Change	
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 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 reasonable agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, bytect or punied have, of registered agent and bited appreciate. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  TITLE  PVD  DELETE  1.1 TITLE  O'MASTA, ANDREW M.  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  ST  DELETE  2.1 TITLE  Change  Change	
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as reagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, Tyled or printed name of registered agent with bite diagnostics.    (NOH: Registered Agent signature required when reinstating)   DATE	
TITLE         PVD         DELETE         1.1 TITLE         Change           NAME         O'MASTA, ANDREW M.         1.2 NAME         1.2 NAME           STREET ADDRESS         4828 JUDY ANN CT.         1.3 STREET ADDRESS           CITY-ST-ZIP         ORLANDO FL         1.4 CITY-ST-ZIP           TITLE         ST         DELETE         2.1 TITLE           NAME         O'MASTA, PHYLLIS         22 NAME	
NAME         O'MASTA, ANDREW M.         1.2 NAME           STREET ADDRESS         4828 JUDY ANN CT.         1.3 STREET ADDRESS           CITY-ST-ZIP         ORLANDO FL         1.4 CITY-ST-ZIP           TITLE         ST         DELETE         2.1 TITLE           NAME         O'MASTA, PHYLLIS         22 NAME	
STREET ADDRESS         4828 JUDY ANN CT.         1.3 STREET ADDRESS           CITY-ST-ZIP         ORLANDO FL         1.4 CITY-ST-ZIP           TITLE         ST         DELETE         2.1 TITLE           NAME         O'MASTA, PHYLLIS         22 NAME	Addition
CITY-ST-ZIP         ORLANDO FL         1.4 CITY-ST-ZIP           TITLE         ST         DELETE         2.1 TITLE           NAME         O'MASTA, PHYLLIS         22 NAME	
TIFLE ST DELETE 2.1 TIFLE Change NAME O'MASTA, PHYLLIS 2.2 NAME	
NAME O'MASTA, PHYLLIS 22 NAME	Addition
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ODI ANDO PI	
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CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Change	☐ Addition
NAME 4.2 NAME	
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TITLE DELETE 5.1 TITLE Change	Addition
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CITY-ST-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 61 TITLE Change	Addition
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	
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 suppliemental 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 of 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 change), or on all attachment with an address.