SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760708 (8)

1. Corporation Name

FLORIDA MULTI HOUSING LAUNDRY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4101 LAKE BOONE TRAIL SUITE 201 SUITE 201 RALEIGH NC 27607-7506 US	4101 LAKE BOONE TRAIL SUITE 201 SUITE 201 RALEIGH NC 27607-7506 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1981	3a. Date of Last Report: 03/26/1996
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 59-2127889 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUENINK, JEFF 9600 18TH ST. N. ST PETERSBURG FL 33176	81 Name: Michael Albanese 82 Street Address (P.O. Box Number is Not Acceptable): 5122 W. Knox St. 83: Commercial Laundries of West FL 84 City: Tampa FL 85 Zip Code: 33634

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE X M R. Albanese DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HUENINK, JEFF		1.2 NAME	Michael Albanese	
STREET ADDRESS	4613 HESPERIDES		1.3 STREET ADDRESS	5122 W. Knox St.	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, FL 33634	
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	ELLISON, JAMES		2.2 NAME	John Mitchell	
STREET ADDRESS	3466 N. MIAMI AVE.		2.3 STREET ADDRESS	3939 Palm Beach Blvd.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Fort Myers, FL 33916	
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, CRAIG		3.2 NAME		
STREET ADDRESS	3939 PALM BEACH BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	PULVER, LANCE		4.2 NAME	John Stewart	
STREET ADDRESS	4101 SW 73RD AVE.		4.3 STREET ADDRESS	8510 NW 56 St.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33166	
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		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE X SIGNATURE REQUIRED