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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name F88501 (4)

YOUNG'S COIN LAUNDRIES, INC.

	FII	LED	
May	05 1	998	8:00am
Sec	reta	ry of	State

N MONROE P.O. BOX 9 QUINCY FL US	94 32351-7954 Place of Business .#, etc.	Mailing Address BOX 954 P.O. BOX 954 OUINCY FL 32351-7954 US 2a. Mailing Address 26 Suito, Apt. #, etc. 27 City & State 28				DO NOT WRITE I 3. Date Incorporated or Qualified 06/28/1982 4. FEI Number 59-2252868 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	\$8.75 \$8.75 \$5.0	Applied For Not Applicable 5 Additional Required 00 May Be ad to Fees
Zip	Country	Zip	Country	,		8. This corporation owes or has paid	· ·	
24	[25]		30			Personal Property Tax due June 3		□ No
	9. Name and Address of Curre	nt Registered Agent		Nes		10. Name and Address of New Reg	Istered Agent	
C	oung, gertrude, j Orner of first and churci Retna fl 32332	1 STREET	81 62 63	Stre City	et Addres	is (P.O. Box Number is Not Acceptable		ip Code
office or	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such chan ge w as ac gations of, Section 607.0505, Flor	uthorized by rida Statule	y the o	corporation	ation submits this statement for the pun's board of directors. I hereby accept	the appointment	
	Signature, typed or printed name of registered ag			ent signa	dure required	when reinstalling)	DATE	000 0140
12.		ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICE		
NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, ROBERT A. 130 SARATOGA BLVD W ROYAL PALM BECH FL	VELE (E	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S		ss		∟ ≟ Chang	e L Addition
TITLE NAME STREET ADDRESS	8 Young, Thomas C. 916 W. Bellamy Dr	L. J DELETE	2 1 THLE 2 2 NAME 2 3 STREET		ss	, .	☐ Chang	e 🔲 Addition
CITY-ST-ZIP	QUINCY FL		2 4 CITY-	ST-7IP				
NAME STREET ADDRESS CITY-ST-ZIP	PT Young, Gertrude J Church Street Gretna Fl	L_] DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-		55		☐ Chang	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S		ss		Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-\$T-ZIP] DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S		ss		☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□] DELETE	6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY - S	ADDRE	ss		☐ Chang	e Addition
14. I hereby indicated officer or	on this annual report or supplement	tal annual report is true and accu beiver or trustee empowered to ex	the exemp	ition s	signature	ection 119.07(3)(i), Fiorida Statutes. I fi shall have the same legal effect as if r ed by Chapter 607, Florida Statutes; a	made under oath;	that I am an