


FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> DOCUMENT # G59711 1. Corporation Name CONDO COIN LAUNDRY, INC. </div> <div style="font-size: 2em; font-weight: bold;">(3)</div> </div>		
Principal Place of Business 881 N BARFIELD DRIVE MARCO ISLAND FL 33937		Mailing Address 881 N BARFIELD DRIVE MARCO ISLAND FL 34145-2334
2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;"> 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24 </div>	2a. Mailing Address <div style="border: 1px solid black; padding: 2px;"> 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 30 </div>	
9. Name and Address of Current Registered Agent		
SCUDERI, SALVATORE C. 909 N COLLIER BLVD MARCO ISLAND FL 33937		<div style="border: 1px solid black; padding: 2px;"> 81 Name 82 Street Address 83 84 City </div>
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation, agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE _____ (NOTE: Registered Agent signature required) <small>Signature, typed or printed name of registered agent and fee if applicable</small>		
12. OFFICERS AND DIRECTORS		
12. TITLE _____ NAME PTSD BERRY, BARBARA STREET ADDRESS 881 N BARFIELD DR CITY - ST - ZIP MARCO ISLD FL	<input type="checkbox"/> DELETE	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> DELETE	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> DELETE	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> DELETE	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> DELETE	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> DELETE	
13.		
1.1 TITLE _____ 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY - ST - ZIP _____	2.1 TITLE _____ 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY - ST - ZIP _____	
3.1 TITLE _____ 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY - ST - ZIP _____	4.1 TITLE _____ 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY - ST - ZIP _____	
5.1 TITLE _____ 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY - ST - ZIP _____	6.1 TITLE _____ 6.2 NAME _____ 6.3 STREET ADDRESS _____ 6.4 CITY - ST - ZIP _____	



CR2E034 (9/96)

SIGNATURE: Barbara G Berry BARBARA G. BERRY 04/11/97 941-642-0071

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