

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H12266 (3)
1. Corporation Name
FLORIDA LAUNDRY SERVICES, INC.



Principal Place of Business C/O SOUTHEASTERN HEALTH CARE MGMT. 4558 CLYDE MORRIS BLVD PORT ORANGE FL 32119	Mailing Address C/O SOUTHEASTERN HEALTH CARE MGMT. 4558 CLYDE MORRIS BLVD PORT ORANGE FL 32119
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 689 Deltona Blvd. Suite, Apt. #, etc.		2a. Mailing Address 26 689 Deltona Blvd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/13/1984	
22 City & State 23 Deltona FL		27 City & State 28 Deltona FL		4. FEI Number 59-1423912 Applied For Not Applicable	
24 Zip 32725 25 Country USA		29 Zip 32725 30 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Deltona FL		28 Deltona FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 32725		29 32725		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNSON, STEPHEN 4558 CLYDE MORRIS BLVD. PORT ORANGE FL 32119				10. Name and Address of New Registered Agent			
				81 Name Galen Goetz			
				82 Street Address (P.O. Box Number is Not Acceptable) 689 Deltona Blvd.			
				83			
				84 City Deltona FL 85 Zip Code 32725			

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 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4-15-98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CEO V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, RUTH G.		1.2 NAME	W Stewart Swain	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.		1.3 STREET ADDRESS	6000 Meadowbrook Mall #200	
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY-ST-ZIP	Clemmons NC 27012	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	P V S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, STEPHEN		2.2 NAME	Laverne P Herzog	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.		2.3 STREET ADDRESS	689 Deltona Blvd.	
CITY-ST-ZIP	PORT ORANGE FL		2.4 CITY-ST-ZIP	Deltona FL 32725	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROST, JOHN W		3.2 NAME	M Rebecca Muenchow	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.		3.3 STREET ADDRESS	6000 Meadowbrook Mall #200	
CITY-ST-ZIP	PORT ORANGE FL		3.4 CITY-ST-ZIP	Clemmons NC 27012	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROST, BRENDA		4.2 NAME	Faye J Hutchins	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.		4.3 STREET ADDRESS	6000 Meadowbrook Mall #200	
CITY-ST-ZIP	PORT ORANGE FL		4.4 CITY-ST-ZIP	Clemmons NC 27012	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CAROL		5.2 NAME		
STREET ADDRESS	4558 CLYDE MORRIS BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 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 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 attachment with an address.

SIGNATURE: *[Signature]* DATE: 4-17-98

CR2E034 (10/97)