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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT #

1. Corporation Name

Principal Place of Business	Mailing Address	
10065 RED RUN BLVD. OWINGS MILLS MD 21117 US	10065 RED RUN BLVD. OWINGS MILLS MD 21117 US	

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90015 019 \*\*\*150.00

	LAUNDAT SERVICES, INC	•			 		DIAN BIRK DUK B	(E)
							81 <b>3</b> 11	
Principal Place	e of Business	Mailing Address						
10065 RED RUI		10065 RED RUN BLVD.						
OWINGS MILLS	MD 21117	OWINGS MILLS MD 21117 US			DO NOT	WRITE IN THIS	S SPACE	
03		00			3. Date incorporated or Qua	ılifed		
					07/13/1984			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			59-1423912		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · ·		5. Certifcate of Status Desir	ed []	\$8.75	dditional
22		27			5. Certificate of Status Desi	eu 💟	Fee Re	quired
City & Stat	e	City & State	*		6. Election Campaign Finan	cing	\$5.00	May Be
23		28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Count	try	8. This corporation owes the	ocurrent year Ir		
24	25	29	30		Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of I	lew Registered	d Agent	
	CORROBATION CYCTEM		l	31 Name				
	CORPORATION SYSTEM		8	32 Street	Address (P.O. Box Number is Not Ad	ceptable)		
	SOUTH PINE ISLAND ROAD		L					
PLAI	NTATION FL 33324		8	33				
			ē	34 City			85 Zip C	ode
						F		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such channe was a	uthomzear	ov the com	corporation submits this statement for oration's board of directors. I hereby	or the purpose of accept the appo	of changing its pintment as re	registered gistered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Flo	rida Statut	es.			,	
SIGNATURE								1
	Signature, typed or printed name of registered ager			gent signature	required when reinstating)	DATE A	ND DIRECTO	DC IN 12
12.		D DIRECTORS DELETE	13.		ADDITIONS/CHANGES T	O OFFICERS A	Change	Addition
TITLE	CEOV	M DELL'IL					online	Light Harmon
NAME	SWAIN, W S		1,2 NAM		CAUTOR PROCEST			
STREET ADDRESS	6000 MEADOWBROOK MALL 2	00			Taylor Pickett	Jud	•	Į.
CITY-ST-ZIP	01 5141010 10 07010	00	1,3 STR	EET ADDRESS	10005 Red Bun E		•	
	CLEMMONS NC 27012		1,3 STRE 1,4 C/TY	EET ADDRESS			Change	X Addition
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TITLE NAME	PVS HERZOG, LAVERNE P		1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	eet address '-st-zip E	10005 Red Run E Owings Mills, MD T. Robert Stephens	<u>a1117</u> 500	☐ Change	Addition
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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, with all other like empowered.

SIGNATURE: