FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:00

DOCUMENT # **H57592** **(8)**

1. Corporation Name

PARK AVE LAUNDRAMAT INC.

Principal Place of Business	Mailing Address
901 PARK AVE LAKEPARK FL 33403 US	10828 MAGNOLIA ST PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1985	3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2545172	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 7656 Steeplechase Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Palm Beach Gardens, FL
City & State 23	City & State 28 33418 Palm Beach Cty
Zip 24 / County, 25	Zip 29 / County, 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FUHRMANN, RICHARD C. 10828 MAGNOLIA ST. PALM BEACH GARDENS FL 33418	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 7656 Steeplechase Dr. 83 84 City: Palm Beach Gardens, FL 85 Zip Code: 33418

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	FUHRMANN, RICHARD C.	12 NAME	
STREET ADDRESS	10828 MAGNOLIA ST.	13 STREET ADDRESS	7656 Steeplechase Dr.
CITY ST ZIP	PALM BCH GARDENS FL	14 CITY ST ZIP	Palm Beach Gardens, FL 33418
TITLE	STD	21 TITLE	☒ Change ☐ Addition
NAME	FUHRMANN, GRACE H.	22 NAME	
STREET ADDRESS	10828 MAGNOLIA ST.	23 STREET ADDRESS	7656 Steeplechase Dr.
CITY ST ZIP	PALM BCH GARDENS FL	24 CITY ST ZIP	Palm Beach Gardens, FL 33418
TITLE	MD	31 TITLE	☐ Change ☐ Addition
NAME	FUHRMANN, KENNETH W.	32 NAME	
STREET ADDRESS	6050 KENDRICK ST	33 STREET ADDRESS	
CITY ST ZIP	PALM BCH GDN FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Grace H. Fuhrmann Grace H. Fuhrmann 4/7/95 407-840-0058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0254461 CP