

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

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H57592** (8)
1. Corporation Name
PARK AVE LAUNDRAMAT INC.



Principal Place of Business 801 PARK AVE LAKEPARK FL 33403 US	Mailing Address 7656 STEEPLECHASE DR PALM BEACH GARDENS, FLORIDA PALM BEACH GARDENS FL 33418-7801 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/10/1985	3a. Date of Last Report 04/02/1986
4. FEI Number 59-2545172	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FUHRMANN, RICHARD C.
10928 MAGNOLIA ST.
PALM BEACH GARDENS FL 33418
7656 Steeplechase Dr.
Palm Beach Gardens, FL 33418**

10. Name and Address of New Registered Agent
81 Name **Kenneth Fuhrmann**
82 Street Address (P.O. Box Number is Not Acceptable)
6050 Kendrick St.
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 **Kenneth Fuhrmann (Pres.)** DATE **1/17/97**
Signature, typed or printed name of registered agent and to be if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FUHRMANN, RICHARD C.	
STREET ADDRESS	7656 STEEPLECHASE DRIVE	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	FUHRMANN, GRACE H.	
STREET ADDRESS	7656 STEEPLECHASE DRIVE	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	FUHRMANN, KENNETH W.	
STREET ADDRESS	6050 KENDRICK ST	
CITY-ST-ZIP	PALM BCH GDN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Kenneth Fuhrmann	
13 STREET ADDRESS	6050 Kendrick St.	
14 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: **Kenneth Fuhrmann** DATE **1/17/97** (561) 624-5336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)