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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

1. Corporation Name .131526

AL

poration Name	00 1020	' (0
L AMERICAN COIN	LAUNDRIES,	INC.

**FILED** May 15 1997 8:00am Secretary of State



N RALPH B. GONZALEZ 3705 W. CYPRESS ST.		3705 W. CYPRES	Mailing Address  ** RALPH B. GONZALEZ  3705 W. CYPRESS ST.  TAMPA FL 33607-4917		3. Date Incorporated or Qualified Sa. Date of Last Report 08/27/1986 04/23/1996				
2. Principal f	Prace of Business	2a. Mailing Addr	ess			4. FEI Number	1 01/1	<del></del>	pplied For
21	Trade of Edga Todo	26	000			59-2715987			ot Applicable
Suite, Apt	# etc	Suite, Apt. #, etc.			·····			····	Additional
2	27		. •.•.					equired	
	City & State City & State					6. Election Campaign Financing	***************************************		···
3	28		¬ ′		Trust Fund Contribution	\$5.00 May Be  Added to Fees			
Zip	Country Zip			Country		8. This corporation has liability for i	ntangible t		
4	25	29	30				Yes [		,00,042,
<u></u>	9. Name and Address of Curr					10. Name and Address of New Re	gistered A	gent	
GO	)NZALEZ, RALPH B.			61	Name				
	05 W. CYPRESS ST.			62	Ctroot Add	ress (P.O. Box Number is Not Acceptab	ua\		
	MPA FL 33607-1917			04	Street Aco	ress (P.O. Box Number is Not Acceptab	i <del>o</del> )		
Irw	WII // 12 00007 10 17			83		<u> </u>			
								· · · · · · · · · · · · · · · · · · ·	
ĭ,				84	City		FL	<b>85</b> Zip	Code
= agent ! a SIGNATURE	am implifying with, and accept the ob					ired when reinstating	DATE OF	197	
2.		AND DIRECTORS		3.	<u>`</u>	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TLE	PD	□ D(	ELETE 1	.1 TITLE				Change	☐ Additio
AME.	GONZALEZ, RALPH B.		1	.2 NAME					
TREET ADDRESS	3705 W CYPRESS ST		i,	.3 STREET	ADDRESS				
ITY - ST - ZIP	TAMPA FL			.4 City-S					
TLE	VP	☐ D€		A TITLE				Change	Addili
AME	GONZALEZ, RALPH F.		1 ;	2 NAME	1				
TREET ADDRESS	ATAK MI AVDOPAA AT		I a	.3 STAEET	ADDRESS				
ITY - SI - ZIF	TAMPA FL			4 CITY~	ST-ZIP				
ſ∖F	SO	☐ DI		1 TITLE	<del></del>			Change	Additi
AME	BEDFORD, RAYNETTE		3	.2 NAME					
TREET ADDRESS	3705 W CYPRESS ST			1.3 STREET	ADDRESS				
ITY - ST - ZIP	TAMPA FL		1	4. CITY-					
	TAMPA FL	De		1.4. CITY-1				Change	Additi
ITLE	TAMPA FL	D.	ELETE					Change	Additi
TLE AME		Di	ELETE 6	I.1 TITLE I. 2 NAME	ST- ZIP			Change	Additi
TLE AME THEET AODRESS		Di	ELETE 4	I.1 TITLE I. 2 NAME I.3 STREET	ST-ZIP ADDRESS			Change	Additi
TLE AME THEET AODRESS TY-ST-ZP		Di	ELETE 4	I.1 TITLE I. 2 NAME	ST-ZIP ADDRESS			Change Change	
TLE AME Theet Address ITY-ST-ZP TLE			ELETE 6	I.1 TITLE I. 2 NAME I.3 STREET I.4 CITY-5 I.1 TITLE	ST-ZIP ADDRESS				Addition
ITTY - ST - ZIP  ITTE  IAME  THEE! ADDRESS  ITY - ST - Z-P  ITTE  IAME  THEE! ADDRESS			ELETE 4	I.1 TITLE I. 2 NAME I.3 STREET I.4 CITY-5 I.1 TITLE II.2 NAME	ST-ZIP ADDRESS ST-ZIP				
ITLE  AME  THEE! ADDRESS  ITY-SI-ZP  ITLE  AME  THEE! ADDRESS			ELETE 6	I.1 TITLE I. 2 NAME I.3 STREET I.4 CITY-5 I.1 TITLE I.2 NAME I.3 STREET	ST-ZIP  ADDRESS ST-ZIP  ADDRESS				
ITLE  AME  THEEL ADDRESS  ITY-SI-ZP  OTLE  AME  THEEL ADDRESS  ITY-SI-ZP		[_] Di	ELETE 6	I.1 TITLE I. 2 NAME I. 3 STREET I.4 CITY-5 I.1 TITLE I.2 NAME I.3 STREET I.4 CITY-5 I.4 CITY-5 I.4 CITY-5 I.4 CITY-5 I.4 CITY-5 I.4 CITY-5	ST-ZIP  ADDRESS ST-ZIP  ADDRESS				
ITLE  AME  THEFF ADDRESS ITY-ST-ZP  STLE  AME  THEFF ADDRESS ITY-ST-ZIP ITLE			ELETE :	I.1 TITLE I. 2 NAME I. 3 STREET I.4 CITY-5 I.1 TITLE I.3 STREET I.4 CITY-5 I.4 CITY-5 I.6 TITLE I.6 TITLE I.7 TITLE I.7 TITLE I.8 TITLE I.8 TITLE	ST-ZIP  ADDRESS ST-ZIP  ADDRESS			Change	☐ Additi
ITLE  AME  THEFF ADDRESS  HY-ST-ZP  THEF  THEF		[_] Di	ELETE :	I.1 TITLE I. 2 NAME I.3 STREET I.4 CITY-5 0.1 TITLE 0.2 NAME 0.3 STREET 0.4 CITY-5 0.1 TITLE 0.1 TITLE	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP			Change	☐ Additi
TLE  AME  THEET ADDRESS  TY-ST-ZP  TLE  AME  THEET ADDRESS  TLY-ST-ZIF  TLE		[_] Di	ELETE :	I.1 TITLE I. 2 NAME I.3 STREET I.4 CITY-5 0.1 TITLE 0.2 NAME 0.3 STREET 0.4 CITY-5 0.1 TITLE 0.1 TITLE	ADDRESS ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS			Change	☐ Additi

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: RALPH B. GONZALEZ