04201999-90247-022-$150.00-$150.00

**FILED**
**Apr 20, 1999 8:00 am**
**Secretary of State**
04-20-1999 90247 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J31526

1. Corporation Name
ALL AMERICAN COIN LAUNDRIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % RALPH B. GONZALEZ<br>3705 W. CYPRESS ST.<br>TAMPA FL 33607-1917 | % RALPH B. GONZALEZ<br>3705 W. CYPRESS ST.<br>TAMPA FL 33607-1917 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1986

4. FEI Number: 59-2715987 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 4713 N. HESPERIDES<br>Suite, Apt. #, etc.<br>22 | 26 P.O. BOX 260893<br>Suite, Apt. #, etc.<br>27 |
| City & State: 23 TAMPA FLORIDA | City & State: 28 TAMPA FLORIDA |
| Zip: 24 33614 Country: 25 HILLSBOROUGH | Zip: 29 33685 Country: 30 HILLSBOROUGH |

9. Name and Address of Current Registered Agent

GONZALEZ, RALPH B.
3705 W. CYPRESS ST.
TAMPA FL 33607-1917

10. Name and Address of New Registered Agent

81 Name: GONZALEZ, ARMANDO
82 Street Address (P.O. Box Number is Not Acceptable): 4713 N. HESPERIDES
83
84 City: TAMPA FLORIDA FL 85 Zip Code: 33614

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: Armando Gonzalez 5/6/99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GONZALEZ, RALPH B.<br>3705 W CYPRESS ST<br>TAMPA FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>GONZALEZ, RALPH F.<br>3705 W CYPRESS ST<br>TAMPA FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BEDFORD, RAYNETTE<br>3705 W CYPRESS ST<br>TAMPA FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | SD<br>BEDFORD, RAYNETTE<br>4713 N. HESPERIDES<br>TAMPA, FLORIDA | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (11/98)

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:** Armando Gonzalez ARMANDO GONZALEZ 4/30/99 (813) 874-3743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #