Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90223 027 ***150.00

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 # J57533

1. Corporation Name

BY-THE-SEA-LAUNDRY, INC.

Principal Place of Business Mailing Address										81811 81811 910)((B)B((010() 100)
4317 OCEAN DRIVE 4334 E. TRADEWINDS AVER			NUE	UE							
LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA					·L 33308			DO NO	r WRITE IN THIS	SOACE	
		US					-	3. Date Incorporated or Qu		3 SI AGE	
								02/13/1987	alled		
2 Oringinal Di	and of Puniness	22	Mailing Address		_			4. FEI Number			Applied For
2. Principal Place of Business			26					59-2825953			Not Applicable
Suite, Apt. i	# etc		Suite, Apt. #, etc.							\$8.75	5 Additional
22			27					5. Certificate of Status Des	ired 🗌	Fee	Required
City & State			City & State					6. Election Campaign Fina	ncing _	\$5.0	0 May Be
23		28					ļ	Trust Fund Contribution		Adde	d to Fees
Zip	Country		Zip	Cou	ntry			8. This corporation owes the	ne current year Ir		· _
24	25	29		30				Personal Property Tax.	-	Yes	□No
	9. Name and Address of Curre	nt Regist	tered Agent					10. Name and Address of	New Registered	d Agent	
					81	Name					
SORENSEN, EVERETT					82	Street	Addres	s (P.O. Box Number is Not A	cceptable)		
4317 OCEAN DR								<u> </u>			
LAUI	DERALE-BY-THE-SEA FL 33308				83						
					84	City		.,		85 Zi	ip Code
									F		
11. Pursuant i	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	02 and 60	07.1508, Florida Statut	es, the a	bove Lbv	e-named the coro	corpora oration's	ation submits this statement to a board of directors. I hereby	for the purpose of accept the appropriate accept the appropriate appropriate appropriate accept the accept	of changing pintment as	registered
agent. I ar	າ familiar with, and accept the oblig	ations of,	Section 607.0505, Flo	rida Stat	utes.			• • • • • • • • • • • • • • • • • • •	, ,,		}
SIGNATURE											
	Signature, typed or printed name of registered as		(тт		Agen	t signature r	required w	hen reinstating) ADDITIONS/CHANGES	DATE TO OFFICERS A	ND DIBEC	TOPS IN 12
12.	OFFICERS A	ND DIRE	☐ DELETE	13.	TI C		1	ADDITIONS/CHANGES	IO OFFICERS A	☐ Chang	
TITLE	D		[] OLCETE								
NAME	MYATT, FRANK			1.2 N		*000000					
STREET ADDRESS	4317 OCEAN DR					ADDRESS					
CITY-ST-ZIP	LAUDERDALEBYTHESEAFL		☐ DELETE	2.1 TI	TY-S1	1-ZIP	L			☐ Chang	e [Addition]
TITLE	D CORENCEN EVERETT			2.1 N							
NAME	SORENSEN, EVERETT					ADDRESS				- L	
STREET ADDRESS	4317 OCEAN DR			1		ADDRESS					
CITY-ST-ZIP	LAUDERDALEBYTHESEAFL		☐ DELETE	3.1 TI		T-ZIP				☐ Chang	e Addition
TITLE			□ betere	3.2 N							<u> </u>
NAME				1		ADORESS	1				
STREET ADDRESS											
CITY-ST-ZIP			☐ DELETE	4.1 TI		T-ZIP	 	 		Chang	e
TITLE				4.21							,
NAME						r adoress					
STREET ADDRESS					TY-S						
CITY-ST-ZIP TITLE			☐ DELETE	5.1 1		1-4IF	1	· · · · · · · · · · · · · · · · · · ·	v	☐ Chang	ge 🔲 Addition
				5.2 N					•		
NAME STREET ADDRESS						ADDRESS					
i				4	ITY-\$						ļ
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TI				L-1-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		☐ Chang	ge 🔲 Addition
NAME .			<u> </u>	6.2 N	AME					•	
STREET ADDRESS				6.3 S	TREET	ADDRESS					ļ

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 of 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 chapter 607 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE NAME OF SIGNING OFFICER OR DIRECTOR