FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

K27787 **DOCUMENT #** 1. Corporation Name

(6)

SUNSHINE LAUNDRY CENTER, INC.

Principal Place of Business

2151 N.F. COACHMAN ROAD

Mailing Address

SEL NE CONCUMAN DON

FILED Apr 16 1996 8:00 am Secretary of State



CLEARWATER FL 34625		CLEARWATER FL 34625							
						06/30/1988		e of Last Report 02/08/1995	
2. Principal Pla	ice of Business	2a. Mailing Address	¬ ~ ~			4. FEI Number	-		Applied For
Suite, Apt. #	Loto	26				59-2906928		L	Not Applicable
22		Suite, Apt. #, etc. 27				5. Certificate of Status Desired			75 Additional se Required
City & State		City & Stale				Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees
Zip 24	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	Name and Address of Current	Registered Agent				10. Name and Address of New Ro	gistered /	Agent	
			8	I N	lame				
	N, BRUCE C.		82	S	treet Addres	ss (P.O. Box Number is Not Acceptable	e)		
	E. COACHMAN ROAD /ATER FL 34625		83						
	William C. Orozo		84	<u> </u>	ity			85	Zıp Code
					•		FL	1 1	•
SIGNATURE _	Signature, typed or printed name of registered agent a	nd tile if applicable (NO	TE Rogistered Ag			tion submits this statement for the purp of directors. I hereby accept the appo	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIREC	TORS IN 12
TITLE	P	DELETE	1 1 THILE					Chang	e 🔲 Addition
NAME	BALDWIN, BRUCE C.		1.2 NAME						
STREET ADDRESS	2151 N.E. COACHMAN ROAD		1.3 STREE	I ADD	RESS				
CITY - ST - ZIP	CLEARWATER FL		1.4 CITY-	ST-ZIF	<u> </u>				
TITLE	ST THOMAS DAVID D	☐ DELETE	2. 1 TITLE] Chang	e 🔲 Addition
NAME OUNTED LIBERTOR	THOMAS, DAVID B. 2151 NE COACHMAN ROAD		2.2 NAME						
STREET ADDRESS	CLEARWATER FL		2.3 STREE						
CITY-ST-ZIP TITLE	OLDANWATER PL	☐ DELETE	24 CITY - 3 1 TITLE	S1 - 21F				7 05	- D March
NAME		C. Decere	3.2 NAME				L.] Change	e Addition
STREET ADDRESS			3.2 NAME	TADD	orce.				
CITY-ST-ZIP			3 4 CHY-						
TIPLE		DELETE	4. 1 TITLE	31-11			———] Change	e
NAME			4.2 NAMÉ				_)	
STREET ADDRESS			4.3 STREE	i ađda	RESS				
CHTY - ST - Z+P			4.4 CITY -		1				
TITLE		DELETE	5. 1 TITLE					1 Change	Addition
NAME			5 2 NAME				_	_	_
STREET ADDRESS			53 STREE	I ADDF	aess				
CITY - ST - ZIF			5.4 CHY-	ST - ZIP					
TITLE		☐ DELETE	6 1 TITLE) Change	Addition
NAME			6.2 NAME				_	_	
STHEET ADDRESS			6 3 STREE	ADDE	RESS				
CITY-ST-ZIP			6.4 CITY - 5						
14. I do hereby	certify that the information supplied w	th this filing is voluntarily furni-	shed and doe	s no	t qualify for	the exemption stated in Section 119.0	7(3)/k) Flori	da Stat	idea I fudbor

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 in on an attachment with an address.