2-18-97 B 2046 NC 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 # K27787

(6)

FILED Feb 18 1997 8:00am Secretary of State

SUNSHII	ne Laundry Center, Inc).					
Principal Place of Business Mailing Address 2151 N.E. COACHMAN ROAD CLEARWATER FL 34625 CLEARWATER FL 34625-2616							
					 Date Incorporated or Qualified 06/30/1988 	3a. Date of Last R 04/16/1996	eport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	TO 000000	
21 Suite, Apt	# etc	Suite. Apt. #, etc.		28-5800858	- AO 75	t Applicable	
22	II, 0.00.	27		5. Certificate of Status Desired	Fee Re		
F City & Stati	е	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added 1	to Fees
Ζιρ	Country	Ζιρ	Count	y	8. This corporation has liability for	intangible tax under s. □ Yes □ No	. 199.032,
24	25 29 30 30 9. Name and Address of Current Registered Agent		[30]		Florida Statutes Yes No		
RAII	DWIN, BRUCE C.	0	8	1 Name	10.		
	I N.E. COACHMAN ROAD		6:	Stroot	Address (P.O. Box Number is Not Accepta	ble)	
	ARWATER FL 34625		6	Sireer	Address (F.O. Box Number is Not Accepta	DIE)	
			8:	3			
			84	4 City		85 Zip 0	Code
			1	1		FL '	1
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.							
agent. I a	m familiar with, and accept the obliga-	ations of, Section 607.0505, Fl	orida Statute	98.	30.0.0.0.0 200.0 0. 0.00.0.0.0.	principle appointment as	
SIGNATURE							
12.	Signature, typed or printed name of registered ago OFFICERS AN		13.	gent signature	required when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTOR	S IN 12
TITLE	P	DELETE	1.1 TITLE	i	ADDITIONS/OFFANGES TO OFFI	Change	Addition
NAME	BALDWIN, BRUCE C.	1.2		:			
STREET ADDRESS	2151 N.E. COACHMAN ROAD		13 STREE	et address			İ
CITY-ST-ZIP	CLEARWATER FL	ARWATER FL 14		ST-ZIP			
TITLE	ST	DELETE	2 1 TITLE			Change	☐ Addition
NAME	THOMAS, DAVID B.		2 2 NAME	:			
STREET ADDRESS	2151 NE COACHMAN ROAD		2 3 STREE	T ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY			Chases	Addition
TIFLE	—		3 1 TITLE			Change	☐ AUGILION
NAME PIRET ADORGO	1		3.2 NAME				
STREET ADDRESS CITY+ST+ZIP			3.4. CITY	T ADDRESS			
TITLE			4.1 TITLE			Change	Addition
NAME			4. 2 NAM			•	
STREET ADDRESS				et address			
CITY - ST - ZIP			4.4 CITY-	ST-ZIP			
TIFLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	:			
STREET ADDRESS			5 3 STREE	et address			
CITY - ST - ZIP			5.4 CITY-				
TIFLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS				et address			ĺ
CITY-ST-ZIP	ov certify that the information supplier	d with this filling does not guest	64CITY-		tated in Section 119 07(3)(i) Florida Statut	e I further certify that	the

4. 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 13 if changes or or an attachment with an address.