

FILE NOW: FILING FEE AFTER MAY 1 IS \$200.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra P. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K29148** (9)

1. Corporation Name

POPOYE LAUNDROMAT, INC.

Principal Place of Business

**17405 NW 7TH STREET
PEMBROKE PINES FL 33029**

Mailing Address

**17405 NW 7TH STREET
PEMBROKE PINES FL 33029**



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

24

25

29

30

9. Name and Address of Current Registered Agent

**KESSLER, FRANK A., P.A.
13899 BISCAYNE BLVD
N. MIAMI BEACH FL 33181**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I am the registered agent, or both, in the State of Florida. Such change was authorized by the board of directors, and I accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE

Signature of principal officer, director, or registered agent

Signature of registered agent

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D

NAME

ST. LOUIS, ERIC

STREET ADDRESS

17405 N.W. 7TH ST

CITY, ST, ZIP

PEMBROKE PINES FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

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CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

3. Date Incorporated or Qualified
07/22/1988

3a. Date of Last Report
04/19/1995

4. FEI Number
65-0082195

Applied For
☐ Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

3.

4. City

FL **85** Zip Code

I, the undersigned, hereby certify that the information furnished on this statement for the purpose of changing its registered office 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.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. Name

2. Street Address

3. City, ST, ZIP

4. Name

5. Street Address

6. City, ST, ZIP

7. Name

8. Street Address

9. City, ST, ZIP

10. Name

11. Street Address

12. City, ST, ZIP

13. Name

14. Street Address

15. City, ST, ZIP

16. Name

17. Street Address

18. City, ST, ZIP

19. Name

20. Street Address

21. City, ST, ZIP

22. Name

23. Street Address

24. City, ST, ZIP

25. Name

26. Street Address

27. City, ST, ZIP

28. Name

29. Street Address

30. City, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

Eric St. Louis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/96 (305) 433-7531
Date Due Date Filed

CR2E034 (12/95)