## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 8/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K29148

(9)

POPOYE LAUNDROMAT, INC.

## FILED Sep 17 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						•						
45.45 434			1406 NW 7TH STREET									
PEMBROKE PINES FL 33029		PEMBROKE	PEMBROKE PINES FL 33029					,				
								DO NOT WRITE	IN THIS S	PACE		
							3. Date Incor 07/22/1	porated or Qualified		te of Last F 20/1996		
2. Principal Place of	2a. Mailing	2a. Mailing Address				4. FEI Numbe		) VE		pplied For		
21	26	26							ot Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.								Additional		
22	<u> </u>	27				<b>5.</b> Certificate	of Status Desired			equired		
City & State		City & State				6. Election Ca	ampaign Financing		\$5.00	May Be		
23	28	28				1	Contribution			to Fees		
Zip	Country	Zip	<del></del>				B. This corpo	ration owes or has pai	d the curr			
24	25	29	Ì	30				roperty Tax due June			] No	
	Name and Address of Curren	nt Registered Ag		<b>.</b>				Address of New Reg		\gent		
KESSLER	, FRANK A., P.A.				81	Name				<del>-</del>		
13899 BIS		82 Str			<u> </u>							
N. MIAMI					Street Add	aress (P.O. Box Nu	mber is Not Acceptabl	θ)				
					83					•		
·							· · · · · · · · · · · · · · · · · · ·			· [		
					84	City			FL	85 Zip	Code	
11. Pursuant to the p	provisions of Sections 607.050	2 and 607.1508,	Florida Statute	s, the a	bove	-named cor	rporation submits th	is statement for the pa	roose of	changing it	ts registered	
office of registers	ed agent, or both, in the State liar with, and accept the oblig	or Florida, Such	change was at	utnorize	a bv	the corpora	ation's board of dire	ectors. I hereby accep	t the appo	ointment as	registered	
SIGNATURE	and the first and the first state of the sta		00.10000,110	100 010		•						
Signature	e, typed or printed name of registered ag-	en and tille it applicable	. (NOTE	Registere	d Age	nt signature requ	ulred when reinstating)		DATE		<del></del>	
12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS	CHANGES TO OFFICE	RS AND	DIRECTOR	RS IN 12	
TITLE D		Ī	DELETE	1.1 1	TLE					☐ Change	☐ Addition	
	LOUIS, ERIC			1.2 N	AME							
STREET ADDRESS 174		1.3 \$1			ADDRESS							
CITY-ST-ZIP PEN	ABROKE PINES FL			1.4 C	TY- \$1	- 71P						
TITLE			DELETÉ 2.1 TITL							Change	Addition	
NAME	IAME		2.2 NA		JAME						_	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				2.40								
TITLE			DELETE	31 Ti		1-211				Change	Addition	
NAME		_		3.2 N/					'			
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP					ITY-S							
TITLE		T	DELETE	4.1 11		i. Fil				Change	☐ Acdition	
NAME		•	•	4.2 N								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				4.4 CI								
TITLE			DELETE	5.1 TI		EH .		······································		Change	Addition	
NAME		_			NAME							
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP												
TITLE			DELETE	5.4 Ci		-211	unt		. 1	Change	Addition	
NAME		_							ı	District	- Addition	
				62 NA		1000000					1	
STREET ADDRESS						ADDRESS					1	
CITY-ST-ZIP	ly that the information symplic	d mills this files = 2	ooo ool eusett.		IY-SI		d in Contra 440 0	ranos filado foras				

I do nereby 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.