


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|--|--|---|---|--|--|
| DOCUMENT # K64968 (6) | | | | | |
| 1. Corporation Name THE CLEAN MACHINE/LAUNDRY SERVICE OF MIAMI BEACH, INC. | | | | | |
| Principal Place of Business 226 12TH STREET MIAMI BEACH FL 33139 | | | Mailing Address 226 12TH STREET MIAMI BEACH FL 33139-4803 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/10/1989 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 3a. Date of Last Report 05/01/1996 | |
| 22 City & State | | 27 City & State | | 4. FEI Number 65-0094675 | |
| 23 Zip | | 28 Zip | | Applied For Not Applicable | |
| 24 Country | | 29 Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| g. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| QUINLAN, JAMES 2064 PRAIRIE AVENUE MIAMI BEACH FL 33139 | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. Pursuant to the provisions of Section 607.002 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 607.002, Florida Statutes. | | | | | |
| SIGNATURE <i>James Quinlan</i> DATE <i>4/22/97</i> | | | | | |
| (NOTE: Registered Agent signature required when reinstalling) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE <input type="checkbox"/> DELETE | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME QUINLAN, JAMES | | | 1.2 NAME | | |
| STREET ADDRESS 2064 PRAIRIE AVENUE | | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP MIAMI BEACH FL | | | 1.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME Administrative Director | | | 2.2 NAME <i>(D) Administrative Director</i> | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS <i>Laura Quinlan</i> | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP <i>2064 Prairie Avenue</i> | | |
| TITLE <input type="checkbox"/> DELETE | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |
| 14. 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 officer 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: <i>Laura Quinlan</i> DATE <i>4/22/97</i> | | | | | |
| SIGNING OFFICER OR DIRECTOR <i>Laura Quinlan</i> DATE <i>4/22/97</i> | | | | | |



CR2E034 (9/96)