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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

FILED

Feb 19 1997 8:00am

Secretary of State

0267711

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K7714

(4)

FLORIDA COMMERCIAL LAUNDRY SYSTEMS, INC.

Principal Place of Business Mailing Address \$300 N.W. 12TH AVENUE 5300 N.W. 12TH AVENUE 97 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309						
					3. Date Incorporated or Qualified 04/03/1989 3a. Date of Last Report 02/26/1996	
2. Principal Pia	ace of Business	2a. Mailing Address 26			4. FEI Number Applied For 65-0122043 Not Applicable	
Surte, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Regulred	
City & State		City & State			Election Campaign Financing Trust Fund Contribution Added to Fees	
Z _i p 24	Country 25	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
D'AN	INUNZIO, FRANK		81	Name		
5300 ∉ 7	N.W. 12TH AVE.		62	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	AUDERDALE FL 33309		83			
	- 12 - 1		84	City	FL 85 Zip Code	
agent, I an SIGNATURE 5	n familiar with, and accept the ob- signature typed or purited name of registered	igations of, Section 607.0505, Flor	Registered Age 13. 1.1 TITLE	3. 	coration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered ed when reinstaing! DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
STREET ADDRESS CITY-ST-ZIP TITLE	5300 NW 12TH AVE. #7 FORT LAUDERDALE FL	☐ DELETE	1.2 NAME 1.3 STREET 1.4 City-S 2.1 Title	· - · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			2.2 NAME 2.3 STREET 2.4 City-			
TITLE NAME STREET ADDRESS CITY- ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-1	ADDRESS	Change	
TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS	Change Addition	
CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ DELETE	5.3 STREET	ADDRESS	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - S1 - ZIP		☐ DELETE	5.4 CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		Change Addition	
14. I do hereb information	indicated on this agrical reportion	r supplemental annual report is tru	for the exe	mption stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the my signature shall have the same legal effect as if made under oath; that it as required by Chapter 607, Florida Statutes; and that my name	