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

Mailing Address

GAINESVILLE FL 32653

2a. Mailing Address

26

6250 NW 23 ST SUITE 2

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L60244

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

6250 NW 23 ST

GAINESVILLE FL 32653

STE 2

ANGEL'S COIN LAUNDRY AND DRY CLEANING, INC.

Suite. Apt. #, etc. Suite. Apt. #, etc.	21		26					59-299 <u>863</u> 8		No.	t Applicable	
City & State 23 28 29 20 20 20 20 20 20 30 30 30 30 30 30 30 30 30 3		#, etc.	1 '	Suite, Apt. #, etc.						\$8.75 A	dditional	
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23		e		City & State	-		~,	6. Election Campaign Financing	<u></u>	\$5.00	May Be	
Zip	23		28					Trust Fund Contribution	u	Added to	rees	
29 29 30 Personal Property Tax. Yes No.		Country	1,	Zip	Country	, 		8. This corporation owes the cur	rent year I	ntangible .		
HOOVER, SONIA L 220 TURKEY CREEK ALACHUA FL 32615 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, or the familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TIME 12. OFFICERS AND DIRECTORS 13. TIME 13. STREET ADDRESS STREET ADDRESS STREET ADDRESS ALACHUA FL 14. TIME 15. NAME 16. NAME 17. NAME	一 ,		29	·	30			Personal Property Tax.	•	☐Yes	□No	
HOOVER, SONIA L 220 TURKEY CREEK ALACHUA FL 32615 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City	2-4							10. Name and Address of New	Registere	d Agent		
220 TURKEY CREEK ALACHUA FL 32615 81 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 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 register of agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the approximant as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approximant as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 11. TITLE POWER, SONIAI 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY. ST. ZP TITLE D. HOOVER, EVANGELINA 2.2 STREET ADDRESS CITY. ST. ZP CAINESVILLE FL 1.3 TITLE 2.4 CITY. ST. ZP 1.4 CITY. ST. ZP 1.5 TITLE SAME 1.5 STREET ADDRESS CITY. ST. ZP TITLE DELETE 1.5 TITLE 1.5 Change ALCHUA FL 2.4 CITY. ST. ZP CHANGES STREET ADDRESS CITY. ST. ZP TITLE DELETE 1.5 TITLE 1.5 TITLE 1.5 TITLE 1.5 Change 1.6 Change 1.6 Change 1.6 Change 1.7 TITLE 1.7 TIT	4.4		-		81	N	ame					
220 TURKEY CHEEK ALACHUA FL 32615 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its register of force 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 and state in a provision of section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE BURNARY Agent signature reduner values after a provision of section 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE BURNARY Agent signature reduner values after a provision of section 607.0505, Florida Statutes. 14. OFFICERS AND DIRECTORS IN THE BURNARY Agent signature reduner values after a provision of section 607.0505, Florida Statutes. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE BURNARY Agent signature reduner values after a provision of section 607.0505, Florida Statutes. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE BURNARY Agent signature reduner values after a provision of section 607.0505, Florida Statutes. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE BURNARY Agent Statutes. 17. ST. ZP 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE BURNARY Agent Statutes. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE BURNARY Agent Statutes. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE BURNARY Agent Statutes. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE BURNARY Agent Statutes. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE BURNARY Agent Statutes. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE BURNARY Agent Statutes. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE BURNARY Agent Statutes. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE BURNARY Agent Statutes. 19. ADDIT						DO COLLAND OF CONTRACTOR OF CO						
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Signature, Typed or printed name of registered agent and the Registered Agent signature refund when retrietating) Date	agent. I ar	m familiar with, and accept the obliga	ations of	f, Section 607.0505, Flor	ida Statute	5.						
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(iii) and the section of t	CITY ST ZIP		ith this 4	filing does not qualify for			II	ection 119 07(3)(i) Florida Statutes	I further o	ertify that the in	nformation	

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90216 050 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date incorporated or Qualifed

03/22/1990

59-2998638

4. FEI Number

indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under dark, that if an afficiency of fire 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 changpd, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(904) 462-1723

352 /336.406