Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90084 008 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # L94381**

1. Corporation Name

OAKS LAUNDROMAT, INC.

		·							
Pri	ncipal Place	e of Business	Mailing Address						
806	E. 25TH ST	r.	806 E. 25TH ST.						
SANFORD FL 32771 SANFORD FL 32771						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed	JOFAUL		
						08/16/1990			
			O- Marilian Address			4. FEI Number	Apr	olied For	
—	Principal Pl	lace of Business	2a. Mailing Address			59-3024203	i	Applicable	
21	5.2. 4.4.	D. A.	Suite, Apt. #, etc.		<u> </u>	39 3024203	\$8.75 A		
22	Suite, Apt.	#, etc.	27			5. Certificate of Status Desired	Fee Rec		
	City & State	е	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 h Added to	~ .	
23	Zip	Country	Zip	Country		8. This corporation owes the current year In	tangible		
24	<b>_</b> ip	25	29 30	ا آ		Personal Property Tax.		[No	
24		9. Name and Address of Curre	<u> </u>	<u> </u>		10. Name and Address of New Registered	Agent		
		0.7 (10.110 0.10 1.10 0.10 0.10 0.10 0.10 0		81	Name				
	SANI	DEFUR, STANLEY H		82	Ctus at Addres	ess (P.O. Box Number is Not Acceptable)			
806 E 25TH ST				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	SAN	FORD FL 32771		83					
				84	City		85 Zip C	ode	
					O.C.	FI	11		
'					L		<u> </u>		
11	office or re agent. I a	to the provisions of Sections 607.056 registered agent, or both, in the State im familiar with, and accept the obligations are sections.	e of Florida. Such change was autr	iorized by	tne corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	f changing its of intment as reg	registered pistered	
  -	office or re	egistered agent, or both, in the State	of Florida. Such change was autrations of, Section 607.0505, Florid	iorized by a Statutes	tne corporatio	on a poard of directors. I hereby accept the appoint when reinstating)  DATE	ontinent as reg		5
  -	office or re agent. I as	registered agent, or both, in the State im familiar with, and accept the obligation of the state	of Florida. Such change was autrations of, Section 607.0505, Florid and title if applicable. (NOTE: RIND DIRECTORS	a Statutes egistered Ager	the corporation.	on's board of directors. Thereby accept the appo	ND DIRECTOR	RS IN 12	(00)
Sì	office or re agent. I at GNATURE	registered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI  PST	of Florida. Such change was autrations of, Section 607.0505, Florid and title if applicable. (NOTE: Re	orized by a Statutes egistered Ager	the corporation.	on a poard of directors. I hereby accept the appoint when reinstating)  DATE	ontinent as reg		000
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CITY-ST-ZIP 14. I 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 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, of on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

4/14/99

(407) 321-8200

☐ Change

☐ Addition