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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

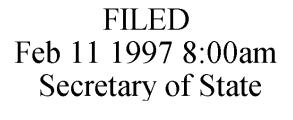
Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # L94833

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(5)

DARWIN SQUARE LAUNDROMAT, INC.





Principal Place	e of Business	Mailing Ac	ldress			
DARWIN SO LA 3223 PORT ST	LUCIE BLVD		OWNING AVE. LUCIE FL 34983-3	938		
Port St Lucii Us	E FL 34983					3. Date Incorporated or Qualified 3a. Date of Last Report 08/20/1990 04/23/1996
	lace of Business	2a. Mailing	Address			4. FEI Number Applied For
21		26				65-0236392 Not Applicate
Suite Apt.	#, etc	Suite, A	Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22	w	27		·		Fee Required
City & State	9	City & :	State			6. Election Campaign Financing \$5.00 May Be
23	T Country	28		Carmin		Trust Fund Contribution Added to Fees
Ζιρ 24	Country	Zip	<u> </u>	Country	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
[24]	25 9. Name and Address of Curre	29 ent Registered A		10		Florida Statutes L Yes L No 10. Name and Address of New Registered Agent
SCA.	RDIGNO, LOUISE		9011	81	Nan	
	SE BROWNING AVE.					
	T ST. LUCIE FL			82	Stre	reet Address (P.O. Box Number is Not Acceptable)
run	I OI LOOK IL			83	-	
				84	City	ity FL 85 Zip Code
11 Durgunat i	to the ero reions of Eastions 607.06	00 and 607 1500	Florido Statutos	the show		med corporation submits this statement for the purpose of changing its registers
office or re	egistered agent, or both, in the Stat	te of Florida Such	i change was au	thorized b	y the c	e corporation's board of directors. I hereby accept the appointment as registered
agent. Lai	m familiar with, and accept the obli-	galions of, Section	n 607.0505, Flori ••	da Statute	S.	
SIGNATURE	Signature, typed or procled name of orgislated a	scara	g ve	Pagintared Am	set siene	gnature required when reinstating) DATE
12.		NO DIRECTORS	VASIE.	13.	C1 = 5/G1 ID	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		DELETE	11 THILE		☐ Change ☐ Additi
NAME	SCARDIGNO, LOUISE			1.2 NAME		
STREET ADDRESS	980 SE BROWNING AVE.			1.3 STREE	r Abnars	arec .
CITY - S1 - ZIP	PORT ST. LUCIE FL			1.4 CITY-		1
TITLE	VST		DELETE	2 1 TITLE), th	Change Additi
NAME	SCARDIGNO, NICHOLAS			22 NAME		
STREET ADDRESS	980 SE BROWNING AVE.			2 3 STREE	T ANDRES	arec
CITY -ST - ZIF	PORT ST. LUCIE FL			2 4 CITY-		
TITLE	D		DELETE	3 1 TITLE	u t - ZIF	Change Additi
NAME.	SCARDIGNO, NICHOLAS			32 NAME		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
STHEET ADDRESS	980 SE BROWNING AVE.			33 STREE	T ADORES	RECC .
CITY - ST - ZIP	PORT ST. LUCIE FL			34. CITY		
TITLE			DELETE	4.1 TITLE	u i - Zir	Change Additi
NAME				4. 2 NAME		, country and the second
STREET ADDRESS				4.3 STREE		RFCC
CITY - ST - ZIF			-	4.4 CITY-		
TITLE	AND THE RESERVE THE PROPERTY OF THE PROPERTY O	Y 38 - 174 - 77 - 77 - 78 - 78 - 78 - 78 - 78 -	DELETE	5.1 TITLE	al-¢lr	Change Additi
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREE		BECC
CITY-ST-ZIF				5.4 CITY-		
THE			DELETE	6.1 TITLE	31-215	☐ Change ☐ Additi
]				6.2 NAME		- Change La Mote
NAME OTDECT ANNACOS						DECC
STREET ADDRESS				6.3 STREE		
CITY - ST - Z(P				6.4 CITY~	31-ZIP	r

4. 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 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.

SIGNATURE:

Chief of las Season of Signature and Typed of Printed Name of Signature of Diffect of Difference of

2-7-97

336-9038

Phone #