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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Mar 27 1998 8:00am

Secretary of State

352351044

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000021031 (8)

	DE CENTER LAUNDROMAT	, INC. Mailing Address					
2673 EAST SILVER SPRINGS BLVD. 2673 EAST SILVER SPRIN OCALA FL 34470 OCALA FL 34470			igs blvd.			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						03/17/1993	
H	Place of Business	2a. Mailing Address				4. FEI Number	Applied For
21		[26]			59-3173205	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e e	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zφ	Count	ry		8. This corporation owes or has paid to	
24	25		30			Personal Property Tax due June 30.	
	9, Name and Address of Curre	it negistered Agent		1 Na		10. Name and Address of New Regist	ered Agent
	E BE RT, RONALD L		*	' Na	me		
2673 EAST SILVER SPRINGS BLVD.			8	82 Street Address (P.O. Box Number is Not Acceptable)			
) 00	OCALA FL 34470			_			
			8	3			
			8	4 Cit	у		65 Zip Code
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or ported name of registered ag					ration submits this statement for the purp on's board of directors. I hereby accept the divinence of the control of the contro	e appointment as registered
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	1.1 TITLE			Change Addition
NAME	SIEBERT, JAMES R		1.2 NAME		1		
STREET ADDRESS	P.O. BOX 223 N/A		1.3 STRE	et addr	ESS		
CITY-ST-ZIP	ORANGE LAKE FL 32681		1.4 CITY	-ST-ZIP	l		
TITLE	D	☐ DELETE	2.1 TITLE	2.1 TITLE			Change Addition
NAME	SIEBERT, RONALD L		2.2 NAME	2.2 NAME			ĺ
STREET ADDRESS	2201 S.E. 14TH AVENUE		2.3 STRE	E1 ADDR	ess		
CITY-ST-ZIP	OCALA FL 34471		2.4 CITY - ST - ZIP				
TITLE		☐ DELETÉ	3.1 TITLE	3.1 TITLE			Change Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	et addri	ess		ļ
CITY-ST-ZIP			3.4. CITY	- ST - ZIP			
TITLE		DELETE	4.1 TOTLE				☐ Change ☐ Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STRE	E1 ADDRI	ess		
CITY-ST-ZIP			4.4 CITY	ST - ZIP	J		İ
TITLE		DELETE	5.1 TITLE				☐ Change ☐ Addition
NAME			5.2 NAME		1		
STREET ADDRESS			5.3 STREI	ET ADDRI	ss		
CITY-ST-ZIP			5.4 CITY				
TITLE		☐ DELETÉ	6.1 TITLE				Change Addition
NAME			6.2 NAME				'

6.3 STREET ADDRESS

6.4 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 13 if changed, or on an altachment with an address.