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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#
 Corporation Name 	

P93000052246 (4)

S & S LAUNDRIES, INC.

Mailing Address Principal Place of Business



4602 FARIW. TAMPA FL 3		4602 FARRWAY DRIVE TAMPA FL 33603			Date Incorporated or Qualified 07/20/1993	3a. Date of Last Repor 04/21/1995	<u> </u>
2. Principal Plac	e of Business	2a. Mailing Address	10.1		4. FEI Number	— 	ed For Applicable
21		26 5005 /	N COOL	Dge Ave	59-3192611	\$8.75 Ad	
Suite, Apt. #,	etc.	26 500 5 Suite, Apt. #, etc.				Fee Requ	ired
City & State		City & State 28 77 MPA	TZ	-	Election Campaign Financing Trust Fund Contribution	□ \$5.00 M Added to	Fees
Zip 24	Country 25	^{Zip} 33614 3	Country			No	.032,
	9. Name and Address of Curren				10. Name and Address of New R	egistered Agent	
			81	Name			
SILVER	STEIN, KENNETH		82	Street Addres	ddress (P.O. Box Number is Not Acceptable)		
	AIRWAY DRIVE						
	FL 33603		83				
			84	City		FI 85 Zip Co	ode
	1 (C - + i CO7 050)	2 and 607 1509 Florida Statutes	the above-r	amed corporal	tion submits this statement for the put	roose of changing its regis	tered office
familiar with	d agent, or both, in the State of Flori h, and accept the obligations of, Sec sgnahm, typed or printed name of registered agen	tion 607.0505, Florida Statutes.		t signature required to		DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	D	DELETE	1. 1 TITLE			Change [Addition
NAME	SILVERSTEIN, KENNETH		1,2 NAMÉ				
STREET ADDRESS	4602 FAIRWAY DRIVE		1.3 STREET	i			
CITY-ST-ZIP	TAMPA FL 33603		14 CITY-ST-ZIP 2 1 TITLE			Change [] Addition
TIT_E	D	☐ DELETE	2 2 NAME			<u></u>	_
NAME	SILVERSTEIN, MYER		2.3 STREE	ADDRESS			
STREET ADDRESS	4602 FAIRWAY DRIVE		2.5 STREE	\			
CITY-ST-ZIP TITLE	TAMPA FL 33603		3 1 TITLE	,, ,, ,,		Change [Addition
NAME		-	3 2 NAME	1			
STREET ADDRESS			33 STREE	T ADDRESS			
CITY-S1-ZIP			3.4 CITY-1	ST-ZIP		Change F	T Addition
TILE		☐ DELETE	4. 1 TITLE			☐ Change ☐	Addition
NAME:			4 2 NAME	ļ			
STREET ADDRESS	1			F ADDRESS			
CITY-ST-ZIP	·	4.4 C/TY		ST - ZIP		Charge [Addition
TOTLE		DELETE	5 1 TITLE 52 NAME				_
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY				
CITY-ST-ZIP TITLE		DELETE	6 1 TITLE			Change [Addition
		CT Service	6 2 NAME				
NAME STREET ADDRESS				f ADDRESS			
			64 CITY -	1			
City - St - ZiP	į.			: 			م م ما است. آما

14. If do hereby certify that the information supplied with his filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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 arachment with an address.