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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000059913 (2)

AMERICAN WAYS LAUNDRY, INC.

Principal Place of Business

Mailing Address

113 SE 10 STREET

FILED Apr 29 1997 8:00am Secretary of State



DEERFIELD BEACH EL 33441		DEERFIELD BEACH FL 33441-5306				
					3. Date Incorporated or Qualified 08/26/1993	3a. Date of Last Report 07/02/1996
	ace of Business	2a, Mailing Address		**************************************	4. FEI Number	Applied For
21 6111 W	2. SUNRISE BLV.	26			65-0433360	Not Applicable
Surte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	SB.75 Additional Fee Required	
City & State	_	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ	Country	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,		
24 3351	13 [25]	29 30		Florida Statutes Yes No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	glatered Agent
THE	LAW FIRM LAWRENCE J.SPIEGE	L.CHARTERED	8	Name		
343 ALMERIA AVENUE			8:	Street Add	dress (P.O. Box Number is Not Acceptab	ole)
CORAL GABLES FL 33134			6.	SUBBI AUG	diess (F.O. Box Number is Not Acceptat	ne)
			8:	i 		
			-			
			84	City		FL 85 Zip Code
11. Pursuant to affice or reagent. La	to the provisions of Sections 607,0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	and 607.1508, Florida Statut f Florida Such change was a ions of, Section 607.0505, Flo	es, the abor authorized b orida Statute	ve-named co by the corporates.	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
SIGNATURE						
	Signature: Typed or printed name of nigistered agent			ent signature req	uired when reinstating)	DATE
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition
NAME	KHAN, ABDUL		1.2 NAME	- 1		
STREET ADORESS	1721 N.E. 52ND ST.		1.3 STREI	T ADDRESS		
CITY+S1-ZIP	POMPANO BEACH FL		1.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2 2 NAME		•	
STREET ADDRESS			2.3 STREE	T ADDRESS		
CHY-SI-ZIP			2. 4 CITY	-ST-ZIP		
TIFLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CHY ST ZIF			3.4. CITY	ST-ZIP		
THILE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAM			
STREET ADDRESS			43 STREI	T ADDRESS		
CITY - ST - ZIP			4.4 CiTY -	ST-ZIP		
TIFLE		DETELE	5.1 TIFLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-S1-ZIP			5.4 CITY-			
117LE		DELETE	6.1 TITLE			Change Addition
NAMI			6.2 NAME			<u> </u>
STREET ADORESS				T ADDRESS		
CITY, CT. 7IP			6.4 CITY			

14. 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:

TURE AND TYPED STRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97 (954)3091714