

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 26 AM 10:38

DOCUMENT # P93000085479 (2)

1. Corporation Name

THE LAUNDRESS INCORPORATED

Principal Place of Business

11360-E2 FORTUNE CIRCLE
WEST PALM BEACH FL 33414

Mailing Address

11360-E2 FORTUNE CIRCLE
WEST PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

01/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

~~65-054952~~ 65-0454952

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZULLI, ROBERT J
11360-E2 FORTUNE CIRCLE
WEST PALM BEACH FL 33414

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZULLI, ROBERT J
STREET ADDRESS	11360-E2 FORTUNE CIRCLE
CITY - ST - ZIP	W. PALM BEACH FL 33414
TITLE	PD
NAME	ZULLI, JEFFREY D
STREET ADDRESS	11360-E2 FORTUNE CIRCLE
CITY - ST - ZIP	W. PALM BEACH FL 33414
TITLE	V
NAME	ZULLI, ROBERT M
STREET ADDRESS	11360-E2 FORTUNE CIRCLE
CITY - ST - ZIP	W. PALM BEACH FL 33414
TITLE	T
NAME	ZULLI, DOROTHY
STREET ADDRESS	11360-E2 FORTUNE CIRCLE
CITY - ST - ZIP	W. PALM BEACH FL 33414
TITLE	S
NAME	ZULLI, MICHELE T
STREET ADDRESS	11360-E2 FORTUNE CIRCLE
CITY - ST - ZIP	W. PALM BEACH FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	DELETE	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME	DELETE	
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 oath, that I am an officer or director of the corporation or the receiver or trustee and intend to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

ROBERT J ZULLI

5/8/95

907-78-4445