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 # **P9400001058 (4)**

DMO LAUNDRY, INC.

Principal Place	e of Business	Mailing Address							
1180 N.E. 100TH ST. MIAMI SHORES FL 33138		1180 N.E. 100TH ST. Miami Shores Fl 33138-2802							
						3. Date Incorporated or Qualified 01/04/1994	3a. Date of Last Re 12/27/1996	port	
2. Principal Fi	lace of Business	2a. Mailing Address	2a. Mailing Address			4, FEI Number	Ap	plied For	
21		26						t Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.				6. Certificate of Status Desired	\$8.75		
22		27					Fee Re	·	
City & Stati	9	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
23] Zip	Country	28 Zip	Country		 	Trust Fund Contribution			
	-	⊢ -¬	30				n has liability for intangible tax under s. 199.032, s Yes No		
24	25 9. Name and Address of Currer	29 29 Agent	[30]			10. Name and Address of New Reg			
				81	Name	10, 141110 0110 7100 01 11011 1103	iotorod rigorii		
	NORTHEAST 100TH STREET								
	AI SHORES FL 33138		82 Street Ad			ddress (P.O. Box Number is Not Acceptable)			
me yi	al offorted to color			83					
				84	City		FL 85 Zip C	Code	
SIGNATURE	Stor above, typied or perived have a charge belied ago	ent and title if applicable (h	IOTE: Register	ed Age		orporation submits this statement for the poration's board of directors. I hereby acception to the poration's board of directors. I hereby acception to the population of the	26/9/		
12.	OFFICERS AN	D DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC			
THUE	O'CONNOR, DANIEL	☐ DELETE		TITLE			Change	Addition	
NAME	1180 N.E. 100 ST		1.21						
STREET ADDRESS	MIAMI SHORES FL 33138			1.3 STREET ADDRESS 1.4 City-St-Zip					
CITM-S1-7PP TIT:F	VP DELETE			CITY - S	I - ZIP		Change	Addition	
	CLAWSON, EARLE H	[_] brech					Change	L.J AUGILION	
NAME STREET ADDRESS	1180 NE 100TH ST			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
CITY-\$1-7:P			1						
1017-51-735 1017-51-735		DELETE			S1-ZIP		Change	Addition	
NAME		the section		NAME	ļ				
STREET ADDRESS					ADDRESS				
City - \$1 - ZiF				CITY-					
TILE		DELETE		HILE		***************************************	Change	Addition	
NAME			4. 2	NAME			•		
STREET ADDRESS					ADDRESS			ļ	
CITY - ST - ZIP				CITY-S	1				
tut.e		DELETE		TITLE			Change	Addition	
NAME			5.2	NAME					
STREET ADDRESS	!		5.3	STREET	ADDRESS				
CITY-\$1-7IP			5.4	CITY-S	ST - ZIP				
101.6		☐ DELETE		TITLE			☐ Change	Addition	
NAMt			62	NAME					
STREET ADDRESS			63	STREET	ADDRESS				
CITY ST-ZIP			6.4	CITY-S	IT-ZIP	•			

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 cornection 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 is charged, or on an attachment with in address. SIGNATURE:

FILED

Mar 03 1997 8:00am

Secretary of State