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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

Corporation Name

P94000011296 (8)

SONNY'S COIN LAUNDRY, INC. Principal Place of Business Mailing Address 15 MERIDIAN AVE 91500 OVERSEAS HWY KEY LARGO FL 33037 TAVERNIER FL 33070



3a. Date of Last Report 11/13/1995

3. Date Incorporated or Qualified

02/07/1994

2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 65-0066005	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		A Flustine Commission Financing	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Addled to Fees
Ζiρ	Country	Zip	Country	8. This corporation has liability for intangi	
24	25	29	<u> </u>	Florida Statutes Yes X	
	9. Name and Address of Current	Registered Agent	-   -   -	10. Name and Address of New Registe	ored Agent
HOUGH, SUN CHA W  81 Name SUN CHA HOUGH.  82 Street Address P.O. Box Number is Not Acceptable)					
15 MERIDIAN AVENUE  82 Street Address (P.O. Box Number is Not Acceptable)  15 MERIDIAN AVENUE					
KEY LARGO FL 32037					
ILI D	41001 E 02007				85 Z <sub>IP</sub> Code
	,		84 City <b>K</b>	BY LARGO	FL    32037
or registers	ad about for both, in the State of Floric	ia. Such change was authorize	s, the above-named corpo id by the corporation's boa	ration submits this statement for the purpose and of directors. I hereby accept the appointment	ent as registered agent. I am
familiar with, and accept the obligations of, Section 607,0505, Fronta Statutes.					
SIGNATURE _	Styriature, typed or printed name of registered agent	N117	E. Registered Agent signature require	ed when reinstatingt	ATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TUTLE	DP	DELETE	1. 1 TITLE		Change Addition
NAME	HOUGH, SUN		1.2 NAME		[8]
STREET ADDRESS	15 MERIDIAN AVE		1.3 STREET ADDRESS		[ [
CITY-ST-ZIP	KEY LARGO FL 33037		1.4 CITY - ST - ZIP		<u> </u>
TITLE		☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	ļ		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			24 CITY - ST - ZIP		
TITLE		☐ DELETE	3. 1 TITLE		☐ Change ☐ Addition
NAME	Į		3.2 NAME	,	
STREET ADDRESS			3.3. STREET ADDRESS		
C(TY - ST - ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME	-		4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CiTY-SI-ZiP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE	<b>400001807</b> -05/04/9601003	→ Change
NAME			5.2 NAME	***280.80	0.00
STREET ADDRESS			5.3 STREET ADDRESS	<u> </u>	
City-St-ZiP			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		>".\
STREET ADDRESS			63 STREET ADDRESS		5'
			64 CITY - ST - ZIP		70. 50. 11. 60. 14. 15. 46.
14. I do herel	by certify that the information supplied	with this filing is voluntarily furn	ished and does not qualify	for the exemption stated in Section 119.07(3)	(k), Florida Statutes. I further

roo releasy 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:

OFFICER OR DIRECTOR

Daytime Phone #