

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:34

DOCUMENT # P94000018359 (7)

1. Corporation Name

LAUNDRY EQUIPMENT FINANCE CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1502 W. FLETCHER AVE. STE. 101 TAMPA FL 33612	1502 W. FLETCHER AVE. STE. 101 TAMPA FL 33612

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
03/01/1994	
4. FBI Number	Applied For
59-3281089	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

9. Name and Address of Current Registered Agent
FARR, JAMES G 1502 W. FLETCHER AVE. STE. 101 TAMPA FL 33612

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 1-17-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P/T
NAME	FARR, DENNIS M	12 NAME	Dennis M. Harker
STREET ADDRESS	4613 N. HESPERIDES AVE.	13 STREET ADDRESS	4613 N. Hesperides Ave.
CITY - ST - ZIP	TAMPA FL 33614	14 CITY - ST - ZIP	Tampa, FL 33614
TITLE		21 TITLE	D/VP/Sec
NAME		22 NAME	JAMES G. FARR
STREET ADDRESS		23 STREET ADDRESS	1502 W. Fletcher Ave.
CITY - ST - ZIP		24 CITY - ST - ZIP	Suite 101 Tampa, FL 33612
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 1-17-95 (813) 962-0548

JAMES G. FARR