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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000019148 (3)

LAUNDRY TRANSFER COMPANY, INC.

Principal Place of Business Mailing Address			i leditent un teut dieur ebut Betu annu abun uduk laibt diant abut lauk sakt		
4821 NORTHEAST 10TH AVE.		4821 NORTHEAST 10TH AVE.			
OAKLAND PAR	IK FL 33334	OAKLAND PARK FL 3333	4-3905		
				3. Date Incorporated or Qualified 03/07/1994	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0474568	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30	Florida Statutes	Yes 🔲 No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	jistered Agent
	SA DOUGLAS, GEORGETTE		81 Name	CLAS GAGELBANN, S	PA
320 SOUTHEAST NINTH STREET				82 Street Address (P.O. Box Number is Not Acceptable)	
FT.	LAUDERDALE FL 33316-1128		1 1257	neem/ AT LAW	
			83 400	56 87455	
			84 City	LANDMONER	FL 85 Zip Code 333/ C
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the above-named cor	poration submits this statement for the pition's board of directors. I hereby accep	urpose of changing its registered
agent. I a	n familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Statutes.	more board or directors. Thereby accept	,
SIGNATURE	No Done			AF Land DAMEN, PA- ired when reinstating)	4/29/97
	Signature, viped or Infred name of registered ag				DATE /
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DPVS	DELETE	1.1 TITLE		Change Addition
NAME	PITZPATRICK, R. B JR		1.2 NAME		
STREET ADDRESS	4821 NE 10TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL 33334	- Lociera	1.4 CHY-ST-7IP		
TITLE		DELETE	2 1 TITLE		Change Addition
NAME	FITZPATRICK, R. B JR		2 2 NAME		
STREET ADDRESS	4821 NE 10TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL 33334		2 4 CITY-ST-7IP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DEFETE	4.1 TOLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHTY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLÉ		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
Officer Publication			0.0 OTHER ADDRESS		

I do hereby certify that the information supplied with this filling 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 eath, 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 Hehaliged, or on an attachment with an address.