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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

AATION REPORT 08

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # (MY - OLO)

I. Corporation Name
SE MINOLE COIN LAUNDAY INC.

FILED
Mar 31 1998 8:00am
Secretary of State

8505151400

3.30.1998

21	EMINOLE COM	, , , , , , , , , , , , , , , , , , ,				
Principal Plac	ce of Business O	Mailing Address				
1915. W. PESAWA Rd						
TALLAHASSEE M 32304				DO NOT WRITE IN THIS SPACE		
174	- L 19 FI 10 53CC	, /- ()=-	-	3. Date Incorporated or Qualified		
				316.99		
2. Principal Place of Business 2a. Mailing Address 2b. V.C. 2a. Mailing Address				4. FEI Number	Applied For	
Suite, Apt		Suite, Apt. #, etc.		39, 32,000	Not Applicable	
22	W. BIG.	27		La Cerricale di Signis Desired	75 Additional e Required	
City & Stat	0	City & State	/		00 May Be	
23 TA L	LAHASSEC	28			ded to Fees	
Zip 24 3 2 3	SO4 25 LEON	Ζφ 3	Country	This corporation owes or has paid the current year Personal Property Tax due June 30. Yes	r Intangible	
	9. Name and Address of Curren			10. Name and Address of New Registered Agent		
J.C. PAID 00				81 Name		
J.C. PAPIC			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
819 MaureAnd						
TAIL	CHASSISC.		83		ĺ	
,,,,,,,	LAHASSEC 52	303	84 City	FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508, Florida Statutes	the above-named cor	poration submits this statement for the purpose of changing	ng its registered	
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was aut	horized by the corpora	ation's board of directors. I hereby accept the appointment	as registered	
SIGNATURE						
10	Signature type per protecting occult registered ages	Land the Capp Cable (NOTE F	logistored Agent signature requ		TO DO 11110	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	J.C. PATEL		1.2 NAME	_ Silah	ge Arabatan	
STREET ADDRESS	- CANID C LANG		1 3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSO	e cc.32300	14 CITY - \$1 - ZIP			
TITLE P.	SAROT PAIL	DELETE	2.1 1/11.6	☐ Chan	ge 🔲 Addition	
NAME Y	SIG m CAUIRE	ON .	2.2 NAME			
STREET ADDRESS	TALL SHASSE	5 pr.32300	2.3 STREET ADDRESS		}	
C(TY-S1-Z)P	1455 - 1111-	DELETE	2 4 CITY-ST-ZIP			
TITLE		ש טנננונ	3 1 1111.[☐ Chan	ge 🔲 Addition	
NAME STREET ADDRESS			3 2 NAME			
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. City - St - Zip			
TITLE		DELETE	41 TITLE	☐ Chan	ge Addition	
NAME		_	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
THILE	-	☐ DECETE	5.1 TITLE	☐ Chan	ge Addition	
NAME			5.2 NAME		オシー	
STREET ADDRESS			5 3 STREET ADDRESS		2.21	
CITY-SI-ZIP		Doctor	5.4 CITY-ST-ZIP		$\mathcal{S}^{\mathcal{S}_{\mathcal{S}}}}}}}}}}$	
TITLE		☐ DEFELE	6 1 TIFLE	70000247429% -04/01/9801002027	ge 🔲 Addition	
NAME STREET ADDRESS			6 2 NAME	-04/01/9801002027 ***150.00		
STREET ADDPESS CITY-ST-ZIP			6 3 STREET ADDRESS	***10U.UU		
14. Thereby c	erlify that the information supplied wil	n this filing does not qualify for t	64 CITY: ST-ZIP he exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that	the information	
indicated of officer or o	on this annual report or supplemental	annual report is true and ac cura ver or trustee empowered to exc	ate and that my signati	ure shall have the sa me legal effect as if made under oath; uired by Chapter 607. Florida Statutes; and that my name	that Lamian L	