## 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 # P94000048923 (4)

SCOTT COIN LAUNDRY, INC.

Principal Place of Business Mailing Address						a 12011201 144 füllt årari elikt nøtti bött		J:18 18118 111	488 (111 194)
712 ATLANTIC	SHORES BLVD.	9208 SW 132ND ST							
HALLANDALE I US	FF 23008	MIAMI FL 33176-5794			1				
00					-	3. Date Incorporated or Qualified 06/30/1994		e of Last 2/1996	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
1		26				65-0500990		f f	lot Applicabl
Sulte, Apt.	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired		4	Additional Required
City & Stat	e	City & State		J		6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for			s 199.032,
4	25	29	30]		. <u></u>			No	
	9. Name and Address of Curre	ent Registered Agent				0. Name and Address of New Re	gistered A	gent	
	NER, MARVIN I			<b>81</b> Nan	ne				
	1 PONCE DE LEON BLVD			<b>82</b> Stre	et Address	(P.O. Box Number is Not Acceptab	ole)		
	TE 1040								
COI	RAL GABLES FL 33134			83					
				84 City				<b>85</b> Zip	Code
				Ony			FL	<b>65</b>   24.	COGO
SIGNATURE	Signature, typed or printed name of registers dia	igent and title if applicable. (	NOTE Registere	f Agent signa	ture required w	hen reinstating)	DATE		
12.	·	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 11	ILE				Change	Additio
NAME	CASE, NANCY SUE		1.2 N	AME					
STREET ADDRESS	9208 SW 132ND ST		1.3 \$	REE1 ADDRES	ss				
CITY-\$1-ZIP	MIAMI FL 33176		1.4 CI	TY-S1-71P	1				
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NAME			2.2 N	<b>ME</b>	1				
STREET ADDRESS			238	REET ADDRES	SS .				
CITY-ST-ZIP			2.40	NY-ST-ZIP					
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NAME			3.2 N	.M£					
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CITY-ST-ZIP	······································		3 4. 0	ITY - S1 - ZIP					
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NAME	I		4.2 N	AME					
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CITY-ST-ZIP			4.4 0	1Y-S1-ZIP					
TITLE		DELETE	5 1 Ti	TLF			[	Change	Additio
NAME			5.2 N	\ME					
CTOCKY ADDRESS	1		6.20	DELL ADDODES	n I				

6.4 CITY-S1-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 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 suppliemental 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.

5.4 CITY-ST-7IP

6.3 STREET ADDRESS

62 NAME

DELETE

SIGNATURE: Yancu Sue Cose

CITY-ST-ZIP

STREET ADDRESS

4/20/97 315 255-4723

☐ Change

Addition

**FILED** 

Apr 25 1997 8:00am

Secretary of State

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