

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

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Mar 26, 1999 8:00 am  
Secretary of State

03-26-1999 90024 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000057864

1. Corporation Name  
HIGH TECH LAUNDRY, INC.



Principal Place of Business 2401 HANCOCK BRIDGE PKWY CAPE CORAL FL 33903 US	Mailing Address 2401 HANCOCK BRIDGE PKWY CAPE CORAL FL 33903 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 CAPE CORAL, Florida 24 Zip 33990 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 CAPE CORAL, Florida 29 Zip 33990 30 Country		3. Date Incorporated or Qualified 08/04/1994	
4. FEI Number 65-0509957		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HAWK, CORA 2401 HANCOCK BRIDGE PKWY CAPE CORAL FL 33390		10. Name and Address of New Registered Agent 81 Name Jerry L. DeLeary 82 Street Address (P.O. Box Number is Not Acceptable) 2401 HANCOCK Bridge PKWY 83 84 City CAPE CORAL FL 85 Zip Code 33990	
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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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Jerry L. DeLeary (NOTE: Registered Agent signature required when registering) DATE 3-23-1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME HAWK, CORA	1.1 TITLE President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 2401 HANCOCK BRIDGE PKWY		1.2 NAME Jerry L. DeLeary	
CITY-ST-ZIP CAPE CORAL FL		1.3 STREET ADDRESS 2401 HANCOCK Bridge PKWY	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME HAWK, EARL E JR.	1.4 CITY-ST-ZIP CAPE CORAL, Florida 33990 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1471 ALHAMBRA DR.			
CITY-ST-ZIP FORT MYERS FL 33901			
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE	
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I 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 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, with all other like empowered.

SIGNATURE: Jerry L. DeLeary Jerry L. DeLeary 3-23-1999 941.997.0993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)