

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000083370 (4)

1. Corporation Name

LAUNDRY EXPRESS AT AMERICANA, INC.



Principal Place of Business

2149 AMERICANA BLVD.
AMERICANA PLAZA
ORLANDO FL 32839

Mailing Address

2149 AMERICANA BLVD.
AMERICANA PLAZA
ORLANDO FL 32839

2. Principal Place of Business

2a. Mailing Address

21 2149 AMERICANA BLVD.

26 2149 AMERICANA BLVD.

22 AMERICANA PLAZA

27 AMERICANA PLAZA

23 ORLANDO FLORIDA

28 ORLANDO FLORIDA

24 32839

29 32839

25 ORANGE

30 ORANGE

9. Name and Address of Current Registered Agent

GREEN, ROBERT S
225 EAST ROBINSON ST.
SUITE 450
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

11/15/1994

3a. Date of Last Report

09/29/1995

4. EIT Number

59-3278519

Applied For
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. 193.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.032 and 607.0508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	D	☐ DELETE
2. NAME	STRINGER, JAMES R	
3. STREET ADDRESS	11815 WINTERWAY LANE	
4. CITY-STATE-ZIP	FAIRFAX STATION VA 22039	
5. TITLE		☐ DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

600001758726
-03/27/96--01001--014
***8.75

400001758724
-03/27/96--01001--013
***200.00

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 119.07(3)(k), 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, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Date of Filing:

CR2E034 (12/95)