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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000091912 (3)

HERTA'S COMMERCIAL LAUNDRY INC.

Principal Place of Business

Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



14719 MORNII		14719 MORNING DR.			
LUTZ FL 3354	19-3210	LUTZ FL 33549-3218		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				12/19/1994	
	Place of Business	2a. Mailing Address	A Auc	4. FEI Number	Applied For
21 752	I N ARMENIA A	· · · · · · · · · · · · · · · · · · ·	MENIA AVE	59-3295493	Not Applicable
Suite, Apt.	#, e1C	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State			
	· · · · · · · · · · · · · · · · · · ·	-¬ 	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 (Am Zip	Country	$\frac{ 28 }{70}$	Country	8. This corporation owes or has paid the cur	
24 3360	25 8 Hillsb.	29 33604 3	1 .4) .	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Currer		3	10. Name and Address of New Registered	Agent
SCHWANKE, TIM			81 Name		
	312 CAROLLTON LANE	+	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	MPA FL 33624		02 00000 Aut	press (F.O. Dox Normber is Not Acceptable)	
****			83		
			84 City		85 Zip Code
			G4 City	FL	. Zip Code
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registered age		Registered Agent signature requ		
12.		D DIRECTORS DILETE	13.	7521 N ARMENIA Tampa, FL 336	DIRECTORS IN 12 Change Addition
TITLE	OP DENEMENTA LIEUTA	ville	1.1 TIBLE		Cualife
NAME	BENEVENTO, HERTA		1.2 NAME	7521 N ARMENIA	AUE
STREET ADDRESS	14719 MORNING DR.		1.3 STREET ADDRESS	7 201	A11
CITY-ST-ZIP	LUTZ FL 33549-3218	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	1 ampa, pc 220	Change Addition
TITLE				•	Charles Charmon
NAME			2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	2. 4 CHY-S1-ZIP 3.1 TITLE		Change Addition
NAME		otten	3.2 NAME		C
STREET ADDRESS			3.3 STREET ADDRESS		
- · · · · · · · · · · · · · · · · · · ·			3.4. CITY-ST-7IP		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		Change Addition
NAME		<u></u>	4. 2 NAME		_ ,
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP			4.4 City-St-Zip		i
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-SI-ZIP			64 CITY-ST-ZIP		
14. I hereby c	certify that the information supplied w	ith this filing does not qualify for	the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further ce	ertify that the information
Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as it 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. Herb. Renewen to					