Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90111 034 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOMOGOGOZOS

 Corporation 	RCIAL LAUNDRIES OF SOL						
Principal Place of Business Mailing Address					* 188.118		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8510 NW 56 ST MIAMI FL 33166 MIAMI FL 33166							
					DO NOT WRITE IN THE	S SPACE	
					3. Date Incorporated or Qualifed		}
					12/21/1994		İ
2. Principal Pla	ace of Business	2a, Mailing Address			4. FEI Number	Apr	plied For
21		26			59-1226374	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	
22	27			5. Certificate of Status Desired	Fee Red	quired	
City & State	•	City & State	-		6. Election Campaign Financing	\$5.00	
23	<u></u>	28			Trust Fund Contribution	Added to	Fees
Zip Country 4 25 29		Zip [3	Country 30		This corporation owes the current year Ir Personal Property Tax.		□No
24	9. Name and Address of Currer				10. Name and Address of New Registered	l Agent	
			81	Name			
MOORE, W. RODGERS			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
4800 N FEDERAL HWY			02	Street Addi	ess (1.0. box number is net vice-passe)		
SUITE 210-A			83				_
BOCA RATON FL 33431			84	City		85 Zip C	code
				1		L ` `	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was auf	inonzed by	the corporation	poration submits this statement for the purpose on so board of directors. I hereby accept the appoint	f changing its i nintment as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE:	Registered Age	nt signature require	d when reinstating) DATE		_
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D DELETE		1.1 TITLE			☐ Change	☐ Addition
NAME	KLIGMANN, EUGENE W		1.2 NAME				
STREET ADDRESS			13 STREE	TADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33331		1.4 CITY- S	ST-ZIP			
TITLE	D	☐ OELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	STEWART, JOHN H JR.		2.2 NAME		•		
STREET ADDRESS	E470 3134 400 415		2.3 STREE	T ADDRESS	4		Í
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	<u> </u>		
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition
NAME	STEWART, PAUL C		3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			ST-ZIP			— A datata =
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				}
STREET ADDRESS			1	TADDRESS			l
CITY-ST-ZIP		[7] DELETE	4.4 CITY-5	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
TITLE		DELETE	5.1 TITLE 5.2 NAME		•		
NAME				T ADDRESS	i.		
STREET ADDRESS	ADDRESS 5.4		5.4 CITY-S				
CITY-ST-ZIP			6.1 TITLE	31-49		Change	Addition
TITLE			6.2 NAME				
NAME STREET ANDRESS				T ADDRESS			·

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.

6.4 CITY-\$T-ZIP

SIGNATURE:

CITY-ST-ZIP

SINING OFFICER OR DIRECTOR