## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000011648 (9)

## BROWN COIN OPERATED LAUNDARY MAT, INC.



Principal Place of Business  3677 FROW AVE. MIAMI FL 33133	Mailing Address  3677 FROW AVE. MIAMI FL 33133								
					Date Incorporated or Qualified     02/09/1995	<b>3a</b> . Da	ate of Las	Report	
2. Principal Place of Business		ng Address			4. FEI Number	****		Applied	For
21 3362 S.W. 37 TA					65-0562161			Not App	dicable
Suite, Apt. #, efc 22 City & State	27				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
23 MiAMU FL	28	Zip Country 29 30			6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees				-
Zip Country 25 U·S A	29				This corporation has liability for intangible tax under s 199 032.      Florida Statutes Yes X No				
9. Name and Address of	Current Hegistered A	Agent		81 Name	10. Name and Address of New R	egistered A	Agent		
Brown, Hilton			ł	81 Name					
3677 FROW AVE.			ľ	82 Street Add	dress (P.O. Box Number is Not Acceptal	ble)			
MIAMI FL 33133				83	· · · · · · · · · · · · · · · · · · ·				
				63					
				84 City		FI	85 7	p Code	
<ol> <li>Pursuant to the provisions of Sections 6 office or registered agent, or both in the agent. I am familiar with, and accept the SIGNATURE</li> </ol>					poration submits this statement for the p dion's board of directors. Thereby accep		changing ntment as	its regis registe	tered red
Signature typed or proted have extreger	dered ager t and the flapplicar	nia (1.0	DIE Registered	Agest signature requ	ared when teastaining:	()A'E			
	RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	ORS IN	12
TITLE		DELETE	1 1 TiJ	F		Į	Chang		Addition
MILTON PROMAI									
NAME HILTON, BROWN			1.2 NA	vlf					
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STREET ADDRESS 3677 FROW AVE.  CITY-ST-ZIP MIAMI FL 33133			13 STF						
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inductive certify that the information traded on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under eath, that I am an officer or director of the corporation or his eceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statules, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER DR DIRECTOR

APRIL TON ROOMS AND TYPEO OR PRINTED NAME OF SIGNING OFFICER DR DIRECTOR

(10)