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PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000016725 (0)

THE CLEANCOMPANY LAUNDRY SYSTEM. INC.

FILED Feb 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3466 NORTH MIAMI AVENUE 3468 NORTH MIAMI AVENUE MIAM! FL 33127 MIAMI FL 33127 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable 65-0771322 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 26 Added to Fees **1rust Fund Contribution** Ζiρ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **ELLISON. JAMES** 3466 NORTH MIAMI AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33127** 63 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statules, 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 Statules. SIGNATURE (NOTE Registered Agent signature in guined when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DILFTE Change Addition TIFLE 1.1 TITLE **ELLISON, JAMES** NAME 1.2 NAME 3566 N. MIAMI AVE. STREET ADDRESS 13 STREET ADDRESS MIAM! FL 33127 CITY-ST-ZIP 1.4 City - St - 7IP DELETE Change Addition TITLE 2.17(1)(8 ELLISON, ALAN 2.2 NAME 3466 N. MIAMI AVE. STREET ADDRESS 23 STREET ADDRESS MIAMI FL 33127 2. 4 City-St-ZiP CITY-ST-ZIP DELETE Change ___ Addition TITLE 3.1 III1.6 BELOFF, MARISUE NAME 3.2 NAME 3466 N. MIAMI AVE. STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33127** CITY-ST-ZIP 3 4. C/TY - S1 - ZIP DELETE Change Addition TETLE 4.1 111116 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CHY-ST-ZIP DILLETE Change Addition TITLE 5.1 1010 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition 6.1 THLE NAME 6.2 NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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 Statutos; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - \$1 - 2IP

STREET ADDRESS

CITY-ST-ZIP

2-2-98