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

Mailing Address

7151 BUCHANAN ST

HOLLYWOOD FL 33024-7342

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 08 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000055062 (0)

**ELLIS COIN LAUNDRY, INC.** 

Principal Place of Business

BELL JOHNSON ST.

HOLLYWOOD FL 33024

SIGNATURE:

07/13/1995 05/01/1996 2. Principal Flace of Business 2a. Mailing Address 4. FEI Number Applied For 65-0645051 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 25 30 Yes No 24 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ELLIS. MARIA T A1 Name 7151 BUCHANAN ST 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33024 83 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. I am farminar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE Addition **ELLIS, MARIA T** NAME 12 NAME 7151 BUCHANAN ST 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 1.4 CITY - ST - ZIP City - ST - ZiP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STHEET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY ST-ZIP DELETE Addition 3.1 TITLE Change mis N.M. 3.2 NAME ISTREET ADDRESS 3.3 STREET ADDRESS City-SE-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME \$1REEL ADDRESS 4.3 STREET ADDRESS DITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Addition Change TIME 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP City - St - ZiP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do 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.