FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

1006

	1990	we.	DIVISION OF	CORPORAT	ONS						
DOCUMENT # P95000080922 (4)											
MOOR	RE LAUNDRY EQUIPMENT,	INC.					•				
									ii (Bii) eelia	a na 1480 ika	
Principal Place of Business			Maring Address				! HEEFTOOR HEE IANG! DININ ADDII		JI I s eli ig ile e		
1747 CATTLEMEN ROAD			1747 CATTLEMEN ROAD								
SARASOTA			SARASOTA FL 34232	טי							
							3. Date Incorporated or Qualifie	d 30 D	ate of Last	Danart	
						i	10/23/1995	3a. D	N/A		
			a, Mailing Actoress				4. FEI Number			Applied For	
21 26			<u> </u>				65-061441	4		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional	
22 27 City & State			City & State				C Florita Commission Francis			Required	
23		28	ony a oreno				Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees	
Zιρ	Country	L	Ziçi	Country	,		8. This corporation has liability f	or intangible			
24	25	29		30			Florida Statutes 💢				
	9. Name and Address of Currer	nt Regis	stered Agent		т		10. Name and Address of Nev	v Registere	d Agent		
DENHO	/E			81	Name						
REINICKE, STEPHANIE A ESQ.				82	Street	Address	ress (P.O. Box Number is Not Acceptable)				
1800 SECOND STREET, SUITE 803 SARASOTA FL 34236			63								
ONTINO	JIA FE 34230			00							
				84	City			F	85 Z	Zip Code	
11. Pursuant to	o the provisions of Sections 607,0502	and 60	7.1508, Florida Statute	s, the above :	l named c o	orporatio	on submits this statement for the	··· ·		registered office	
Or registere	ed agent, or both, in the State of Florida, and accept the obligations of Sect	ла айст	i ohange was ahrionze	d by the cor:	oration's	s bloard c	of directors. I hereby accept the a	ppointment	as registere	ed agent. I am	
SIGNATURE	N/A										
	Signature: typed to protect name of registered and c			r Hagstern (Ag)	t sign of the re	entare, Les		DATE			
12.	OFFICERS ANI) DiffE.C	TORS	13.		T	ADDITIONS/CHANGES TO C	FFICERS AN			
NAME	MOORE, NOEL C		otten	1.1 ITTEE		Pre	esident		Change	Addition	
STREET ADDRESS	4545 6455 5454 5645			L3 STREET ADDRESS							
CITY - ST - ZIP	SARASOTA FL 34232			14 CITY - 3							
THLE	D		DELETE	2 1 TRUE		Vic	ce President		Change	Addition	
NAME	MOORE, M. BRENDA			2.2 NAME							
STREET ADDRESS	1747 CATTLEMEN ROAD			2.3 STREET	ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34232			2.4 CrtY - S	T ZIP	<u> </u>					
TITLE			DELETE	3 1 TiftE	7				☐ Change	Addition	
NAME AVALUE LODGES				3.2 NAME							
STREET ADDRESS				33 STRE						ļ	
CITY-ST-ZIP TITLE			DELETE	3 4 CiTY - 9 4 1 Till LE	1 - 209	 	71.54.4		——————————————————————————————————————		
NAME			☐ baten			Ì			☐ Change	Addition	
STREET ADDRESS				4.2 NAME 4.3 STREET	ADDRESS						
CHTY-ST-ZIP				4.4 CITY - S							
TITLE			DELETE	5 1 Trile	1 'L'				[] Change	Addition	
NAME				5.2 NAME					onungo	L.J (Salegii	
STREET ADDRESS				53 STREE!	ADDRESS						
CITY-ST-ZIP				5.4 C+TY - S							
TITLE			☐ DELETE	6 1 TITLE				•••	Change	Addition	
NAME				€ 2 NAME							
STREET ADDRESS				63 STREET	ADDRESS						
CITY-SI-ZIP				6.4 CHY-3	T 716						

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my's greature 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 atlachment with an address

SIGNATURE: M. Brenda Moore, V.P. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-26-96

(941)378-9207