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

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90126 006 ***150.00

DOCUMENT # P95000092349

PALMS CLEANERS & COIN LAUNDRIES, INC.

Principal Place of Business Mailing Address					
1212 SOUTH PA	ASADENA AVENUE	7923 11TH AVENUE			
SOUTH PASADI	ENA FL 33707	ST. PETERSBURG FL 33707			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
					12/04/1995
2 Dringingt Di	ace of Business	2a. Mailing Address			4. FEI Number Applied For
	ace of Business	26			59-3352352 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_ \$8.75 Additional
22		27		ــــــــــــــــــــــــــــــــــــــ	5= Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing S5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Zip Country		y	8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax.
-	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
				Name	
SWANSON, PETER R			82	Street A	Address (P.O. Box Number is Not Acceptable)
	I 11TH AVE S	02		Ollectin	addless (F.O. Box Hullioti is Not Acceptable)
ST F	PETERSBURG FL 33707		8	3	
			-	1 0::	85 Zip Code
			84	City	FL S 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE					
12.	OFFICERS AND		13.	ant a griatura i o	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPVS	DELETE	1.1 TITLE	—	☐ Change ☐ Addition
NAME	SWANSON, PETER R		1.2 NAME	ļ	
STREET ADDRESS				ET ADDRESS	
1	AT ATTEMPT OF A COURT		1.4 CITY-		\ ;
CITY-ST-ZIP TITLE	T	☐ DELETE	2.1 TITLE	,, <u>,,</u> ,	☐ Change ☐ Addition
NAME	SWANSON, PETER R		2.2 NAME		
	7923 11TH AVE S			ET ADORESS	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		2.4 CITY-		
TITLE			3.1 TITLE	31-ZIF	☐ Change ☐ Addition
NAME			3.2 NAME	İ	
				ET ADDRESS	
STREET ADDRESS			3.4. CITY-		
CITY-ST-ZIP		□ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM		
i .				ET ADDRESS	
STREET ADDRESS			4.4 CITY-		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
			5.2 NAME	I	
NAME CTREET ADDRESS				ET ADORESS	·
STREET ADDRESS		,	5.4 CITY-		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE			6.2 NAME	ļ	
NAME		•		ET ADDRESS	
STREET ADDRESS	n		6.4 CITY-		
CITY-ST-ZIP					in Section 119.07(3)(i) Florida Statutes, I further certify that the information
14. I nereby (entry tractine information supplied will	runs ming does not quality for all	o and th	at my siana	in Section 119.07(3)(i), Florida Statutes. I further certify that the information

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 eath; that I am an officer or director of the corporation or the releviver 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, of an an attachment with an address, with all other like empowered.

SIGNATURE:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-345-1728