SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON, OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM MOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name P95000097681 (7)

COMMERCIAL LAUNDRY EQUIPMENT OF ORLANDO, INC.

**FILED** Aug 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							,,	F ( 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
4713 N HES PI		4613 NORTH HESPERID	es street							
TAMPA FL 336	14	TAMPA FL 33614				DO NOT WRITE IN THIS SPACE				
00						3. Date Incorporated or Qualified				
	_					12/28/1995				
	lace of Business	2a. Mailing Address		n	١. ٥-	4. FEI Number			Applied For	
214713	N. Hesperides ST	26 47 3 N. Hesperides ST.						Not Applicable	a_	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additional		
22		[27]	4 · · · · · · · · · · · · · · · · · · ·						e Required	\
City & Stat	0	28 Tampa FLorida			6. Election Campaign Financing	\$5.00 May Be Added to Fees				
Zip Zip	Country	Zip Country			^	Trust Fund Contribution				
24 3361		29 33614 30 U			, A	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9. Name and Address of Current		1301			10. Name and Address of New R				
DIAZ, JOSEPH L ESQ 81 Name										
2522 WEST KENNEDY BLVD.					lenat Adden	1 Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33609				82 S	reer Addres	uress (P.O. Box Number is Not Acceptable)				
				83						7
				84 C	ity			TagT	7in Codo	
				•4  0	ity		FL	85	Zip Code	
11. Pursuant	t to the provisions of sections 607.0502	and 607.1508, Florida State	utes, the ab	ove-nar	ned corpora	ation submits this statement for the pu	rpose of cha	inging i	ts registered	-1
agent la	registered agent, or both, in the State o am familiar with, and accept the obligati	if Florida. Such change wa ions of, section 607.0505,	s authorize: Florida Stat	d by the lutes.	corporation	n's board of directors. I hereby accep-	the appoin	tment a	is registered	
SIGNATURE										
	Signature, typed or printed name of registered agent a			red Agent	signature requir	ed when reinstating)	DATE			
12.	OFFICERS AND		13.	n e		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D MANNEY MANGE	L] DELETE	1.1 111				L	Cha	nge Addition	1
NAME STREET ADDRESS	MANLEY, JAMES F 121 ROYAL POINCIANA 1381			ME REET ADD	nece .					
CITY-ST-ZIP	TANDA EL AGOGO				NE33					
TITLE	TAMEN IL SOUGH	Попит	2.1 TF	TY-ST-ZIP				7 06-	- Addition	
I NAME	L DELETE 2.171					Change Addition				1
STREET ADDRESS				2.3 STREET ADDRESS						Ì
CITY-ST-ZIP				TY-ST-ZIP	100					
TITLE	DELETE			TLE		· · · · · · · · · · · · · · · · · · ·	Ī	Chai	nge Addition	
NAME		L J OCCC 1	3 2 NA		-				igo L Modifol	1
STREET ADDRESS				REET ADD	RESS					
CITY-ST-ZiP				TY-ST-2IP	- 1					-
TITLE	[_] DELETE			4.1 TITLE			T	Char	nge Addition	
NAME		box of P	4.2 NA	ME			_	7/~	/_	
STREET ADDRESS			4.3 ST	REET ADD	RESS		4	11 81	121	
CITY-ST-ZIP	4.			4.4 CITY-ST-ZIP				/ /	- /	
TITLE		DELETE	5.1 T(1	rlŧ		10000262332°T° -08/25/9801002025		nge Addition	'n	
NAME			5.2 NA	5.2 NAME		1 00000%D	ല <b>ാ</b> ത് സാ2-ഹ	듣ㅗ		
STREET ADDRESS			5.3 ST	REET ADD	RESS	***150.00	OUL -U	ie-O		-
CITY-ST-ZIP			5.4 Cr	TY-ST-ZIP		****10U.60				╛
TITLE		DELETE	6.1 TO	rLE				Chai	nge Addition	ī
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	6.3 STREET ADDRESS						
CITY-ST-ZIP	CITY-ST-ZIP			TY-ST-ZIP						

14. I 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 potent 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 flustee 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.

SIGNATURE:

May OTHER

1/198



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## TO WHOM IT MAY CONCERN:

I HAVE RECEIVE YOUR NOTICE REGARDING LATE FEE FOR A TOTAL OF \$ 550.00 . I DIDNOT RECEIVE ANY NOTICE FOR THE RENEWAL OF CERTIFICATE . THIS IS THE FIRST NOTICE I HAVE RECEIVED FROM DEPT. OF STATE. I WOULD GREATLY APPRECIATE IF YOU CAN WAIVE MY LATE FEE. IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CALL ME AT (813)877-6434 EXT.#102

THANK YOU

JAY GANDHI ( BOOKEEPER)