

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

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000027382 (6)

1. Corporation Name
11TH AVENUE COIN LAUNDROMAT, INC.

Principal Place of Business
314 NW 11TH AVENUE
CHIEFLND FL 32626

Mailing Address
314 NW 11TH AVENUE
CHIEFLND FL 32626



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1996

4. FEI Number

59-3380790

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

GARCIA, RHONDA F
314 NW 11TH AVENUE
CHIEFLND FL 32626

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE
NAME D
GARCIA, RHONDA F
STREET ADDRESS 11011 NW 110TH AVENUE
CITY-ST-ZIP CHIEFLND FL 32626

12 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

16 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

15 TITLE
16 NAME
17 STREET ADDRESS
18 CITY-ST-ZIP

19 TITLE
20 NAME
21 STREET ADDRESS
22 CITY-ST-ZIP

23 TITLE
24 NAME
25 STREET ADDRESS
26 CITY-ST-ZIP

27 TITLE
28 NAME
29 STREET ADDRESS
30 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-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 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 in an attachment to an address.

SIGNATURE: Rhonda F. Garcia

1/5/98

1-352-493-7416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Exempt Phone #

0002672

CR2E034 (10/97)