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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # P9600064490 (1)

MOWRY COIN LAUNDRY, INC.

FILED May 12 1997 8:00am Secretary of State



rimolpai riace	of Business		illing Address			I				
1500 L. JEFFER HOMESTEAD FL			O L. JEFFERSON MESTEAD FL 33034							
						3. Date Incorpor 07/29/1990	rated or Qualified	3a. Dat	e of Last I	Report
2. Principal Pla	ace of Business	2a.	Mailing Address			4, FEI Number		, k,	A	pplied For
21		26				#65-07	06986			lot Applicable
Suite, Apt. #	t, etc	27	Suite, Apt. #, etc.			5. Certificate of	Status Desired	⊠	-	Additional lequired
City & State		28	City & State			6. Election Cam Trust Fund C				May Be to Fees
Z(r)	Country 25	29	Zip	Count	У	8. This corporat	ion has liability for i	ntangible t		s. 199.032,
	g. Name and Address		tered Agent	1221		10. Name and A	ddress of New Re	gistered A	gent	
HOLL	LAND, BETTE J			8	Name					
1500	L. JEFFERSON JESTEAD FL 33034			8	2 Street	Address (P.O. Box Numb	oer is Not Acceptab	ole)		
пом	1231EAD FL 33034			8	3			 		
				8	4 City			FL	85 Zip	Code
agont tar	v tanuliar with and accor						•			
SIGNATURE						corporation submits this poration's board of direct				
SIGNATURE	Signature, typed or printed name of	registered agent and title	il applicable. (NC	TE: Registered A		required when reinstating)		DATE		
SIGNATURE 12.	Signature, typed or printed name of OFF		il applicable. (NC	TE: Registered A	gent signature	required when reinstating)	HANGES TO OFFIC	DATE	DIRECTO	RS IN 12
SIGNATURE 12.	Signature, typed or printed name of OFF	registered agent and title	il applicable. (NC	13.	gent signature	required when reinstating)		DATE		RS IN 12
SIGNATURE 12. TILE NAME	Signature, typed or printed name of OFF D HOLLAND, BETTE J	registered agent and title	il applicable. (NC	TE Registered A 13. 1.1 TITLE 1.2 NAM	gent signature	required when reinstating)		DATE	DIRECTO	RS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS	Signature, typied or printed name of OFF D HOLLAND, BETTE J 1500 L. JEFFERSON	registered agent and title	il applicable. (NC	13. 1.1 TITLE 1.2 NAM 1.3 STRE	gent signature	required when reinstating)		DATE	DIRECTO	RS IN 12
SIGNATURE 12. TILE NAME STREEF ADDRESS CITY-ST-7:F	Signature, typed or printed name of OFF D HOLLAND, BETTE J	registered agent and title	al applicable. (NC CTOHS [] DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	gent signature	required when reinstating)		DATE CERS AND	DIRECTO Change	RS IN 12
SIGNATURE 12. THE NAME SIREH ADDRESS CHY-ST-Z-P THE	Signature, typied or printed name of OFF D HOLLAND, BETTE J 1500 L. JEFFERSON	registered agent and title	il applicable. (NC	13. 1.1 TITLE 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE	gent signature	required when reinstating)		DATE CERS AND	DIRECTO	RS IN 12
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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 of Lam 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.