

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  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90114 014 \*\*\*150.00

DOCUMENT # P96000083250

1. Corporation Name

ONE STOP LAUNDRY, INC.



Principal Place of Business

C/O GREENBERG & SCHILIAN PA  
1098 NW BOCA RATON BLVD., #1  
BOCA RATON FL 33432  
US

Mailing Address

C/O GREENBERG & SCHILIAN PA  
1098 NEW BOCA RATON BLVD., SUITE #1  
BOCA RATON FL 33432  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1996

4. FEI Number

65-0703188

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

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

29 Zip

Country

9. Name and Address of Current Registered Agent

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

33442

GREENBERG, JEFFREY L  
GREENBERG & SCHILIAN PA  
1098 NW BOCA RATON BLVD., SUITE #1  
~~BOCA RATON FL 33432~~

1761 WEST HILLSBORO BLVD.

DEERFIELD BEACH

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
MINOFF, MELVIN  
STREET ADDRESS  
10 WOODFERN CT  
CITY-ST-ZIP  
DIX HILLS NY 11746

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
MINOFF, SHERRY  
STREET ADDRESS  
10263 EAST PEAKVIEW AVE., #3-203  
CITY-ST-ZIP  
INGLEWOOD CO 80111

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
GRILL, VICTORIA  
STREET ADDRESS  
8 FOREST LANE  
CITY-ST-ZIP  
EAST NORTHPORT NY 11731

3.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

PRESTON, VICTORIA  
8 LORET LANE  
EAST NORTHPORT, NY 11731

6.2 NAME

6.3 STREET ADDRESS

6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Victoria Preston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/99 (516) 435-1400

Date

Daytime Phone #

CR2E034 (11/98)

0576768