

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085361 (9)

1. Corporation Name

ANSHEL COIN LAUNDRY CORP

Principal Place of Business

16418 S.W. TWO WOOD WAY
INDIANTOWN FL 34956

Mailing Address

16418 S.W. TWO WOOD WAY
INDIANTOWN FL 34956-3692

2. Principal Place of Business

21 96 A E 30TH ST

2a. Mailing Address

26 Suite, Apt. #, etc.

22

27 City & State

23 RIVIERA BEACH, FL.

28 Zip

24 33404

25 USA

26 Country

27 Zip

28 Country

9. Name and Address of Current Registered Agent

LIPACK, SHELDON
16418 S.W. TWO WOOD WAY
INDIANTOWN FL 34956

3. Date Incorporated or Qualified
10/14/1996

3a. Date of Last Report

4. FEI Number

59-3409883

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 has liability for intangible tax under s. 199.032,
Florida Statutes

□ Yes No

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	□ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<i>P/T/D</i> <i>SHELDON LIPACK</i> <i>16418 S.W. TWO WOOD WAY</i> <i>INDIANTOWN, FL. 34956</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<i>V/S/D</i> <i>ANITA LIPACK</i> <i>16418 S.W. TWO WOOD WAY</i> <i>INDIANTOWN, FL. 34956</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	□ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	□ DELETE			
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	□ DELETE			
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	□ DELETE			
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	□ DELETE			
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	□ DELETE			
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

14. I do 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.

SIGNATURE:

4/15/97

561-597-3798

CR2E034 (9/96)