

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

FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000085670 (3)**

1. Corporation Name  
**MAXIMUM COIN LAUNDRY, INC.**

Principal Place of Business

**1522 SHAKER CIRCLE  
WELLINGTON FL 33414**

Mailing Address

**1522 SHAKER CIRCLE  
WELLINGTON FL 33414-5735**

3. Date Incorporated or Qualified

**10/15/1996**

3a. Date of Last Report

2. Principal Place of Business

21 **2929 W. Broward Blvd.**  
Suite, Apt. #, etc.

2a. Mailing Address

27 **2929 W. Broward Blvd.**  
Suite, Apt. #, etc.

22

27

23 **City & State  
Ft. Lauderdale FL**

28 **City & State  
Ft. Lauderdale FL**

24 **Zip  
33312**

25 **Country  
USA**

29 **Zip  
33312**

30 **Country  
USA**

4. FEI Number

**15-0714273**

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

9. Name and Address of Current Registered Agent

**LEWIS, MILVINA  
1522 SHAKER CIRCLE  
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name **Florine Reece**

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

**2630 N.W. 43rd Terrace**

83

84 City **Lauderhill**

**FL**

85 Zip Code **33313**

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 **Florine Reece**

**2/7/97**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LEWIS, MILVINA</b>
STREET ADDRESS	<b>1522 SHAKER CIRCLE</b>
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D/P</b>
1.3 STREET ADDRESS	<b>Florine Reece</b>
1.4 CITY-ST-ZIP	<b>2630 N.W. 43rd Terr Lauderhill FL 33313</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: **Florine Reece**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/97**

DATE

**954-584-1222**

Daytime Phone #

CR2E034 (9/96)