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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700004231 (1)

1. Corporat	TO BAY LAUNDRY, INC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
GOLI	TO DAT LAURDING INC.			A ARBITARY THE ORDER ARREST ARTES BASIS DRIVE HAVE	ABAN   BARA HABA   BARA   BARA
Principal Place of Business Mailing Address				I SECTION THE FAIL INCH SELLI CELLI	( ABIN BIBIE NBER NIBE NEW 1691
2013 GULF TO BAY BOULEVARD 4925 72ND STREET NOR CLEARWATER FL 34625 SAINT PETERSBURG FL				DO NOT WRITE IN TI	HIS SPACE
				3. Date Incorporated or Qualified	TIO OF ACE
				01/15/1997	
2, Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3423256	Not Applicable
Sulte, Ap	t. #, e <b>i</b> c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curr	ent Hegistered Agent	81 Name	10. Name and Address of New Registe	red Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE					
			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			83		
			<b>84</b> City		B5 Zip Code
11. Pursuan	t to the provisions of Sections 607.0	502 and 607 1508, Florida Statut	es, the above-named corp		
office or	registered agent, or both, in the Sta	ite of Florida. Such change was a ligations of Section 607,0505. Ek	authorized by the corporat	poration submits this statement for the purpos tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE		ganorio di, obbinori do riocco, i k	onda olaidios.		
SIGNATORE	Signature, typed or printed name of registered a	agent and title if applicable (NOT)	F Registered Agent signature requi		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PSTD	DELETE	1.1 TITLE		Change Addition
MAME SEILER, ROBERT E		1.2 NAME			
STREET ADDRESS		YARU	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34625	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME		ott.cit	2.1 MLE 2.2 NAME		L_1 Change L_1 Abbillon
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	<u> </u>	Change Addition
NAME		<del></del>	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34. CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY - ST - ZiP		
TITLE		☐ DELET <b>E</b>	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		····
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	L		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 13 if changed, or on an attachment with an eddress.

SIGNATURE ROLON F Seiler -

1-25-98 8

813-541-6855

**FILED** 

Feb 02 1998 8:00am

Secretary of State

CR2E03