**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 05 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **&L REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000025844 (6) M & J LAUNDRY, INC. Principal Place of Business Mailing Address 3690 E BAY DRIVE (4) 3690 E BAY DRIVE (4) LARGO FL 04644 3397/ LARGO FL 34641 33971 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>03/21/1997</u> 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country ZID 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PATEL, MUKUND D 3690 E BAY DRIVE **B2** Street Address (P.O. Box Number is Not Acceptable) LARGO FL 34641 3379/ 83 84 City 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE NAME PATEL, MUKUND D 1,2 NAME 4607 1/2 W MCELROY AVE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33611** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE NAME PATEL, JAYESH D 2.2 NAME STREET ADDRESS 6638 4TH STREET N 2.3 STREET ADDRESS CITY-ST-ZIP **ST PETERSUBRG FL 33702** 2 4 CITY-ST-ZIP DELETE Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP

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CITY-ST-ZIP 14. Thereby 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 properties of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address.

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