## 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 # 1. Corporation Name P97000032893 (4)

ROTONDA LAUNDROMAT & DRY CLEANERS, INC.

## **FILED** Feb 10 1998 8:00am Secretary of State



| Principal Place                     | of Business                                                                      | Mailing Address                                                    |                                                   |                                                                                                                                                      |  |
|-------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 5855 PLACIDA RD 5855 PLACIDA RD     |                                                                                  |                                                                    |                                                   | DO NOT WRITE IN THIS SPACE                                                                                                                           |  |
| SUITE 410-412<br>ENGLEWOOD FL 34223 |                                                                                  | SUITE 410-412<br>ENGLEWOOD FL 34223                                |                                                   |                                                                                                                                                      |  |
|                                     |                                                                                  |                                                                    |                                                   | 3. Date Incorporated or Qualified                                                                                                                    |  |
|                                     |                                                                                  |                                                                    |                                                   | 04/11/1997                                                                                                                                           |  |
| 2. Principal P                      | ace of Business                                                                  | 2a. Mailing Address                                                | D (CD)                                            | 4. FEI Number Applied For                                                                                                                            |  |
| 21                                  |                                                                                  | 26 2767 N.                                                         | Beach Rd.                                         | 05-0740039 Not Applicable                                                                                                                            |  |
| Suite, Apt. #, etc                  |                                                                                  | Suite, Apt #, etc.                                                 |                                                   | 5. Certificate of Status Desired \$8.75 Additional                                                                                                   |  |
| 22                                  |                                                                                  | 27 #208                                                            |                                                   | Fee Required                                                                                                                                         |  |
| City & State                        |                                                                                  | City & State                                                       |                                                   | Election Campaign Financing \$5.00 May Be                                                                                                            |  |
| 23                                  |                                                                                  | 28 Englewood                                                       | <u> </u>                                          | Trust Fund Contribution                                                                                                                              |  |
| Zip                                 | Country                                                                          | 7 <sub>10</sub> C                                                  | Country                                           | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No                                            |  |
| 24                                  | [25]                                                                             |                                                                    | M VSA                                             | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent                                                              |  |
|                                     | 9. Name and Address of Curren                                                    | t Hegistered Agent                                                 | 81 Name                                           | 10. Halite BIN Address of feet hegistered Agent                                                                                                      |  |
| PIETER DE JONGE, LUCAS              |                                                                                  |                                                                    | TVAIN C                                           |                                                                                                                                                      |  |
|                                     | 7 N BEACH RD #208                                                                |                                                                    | <b>82</b> Street Add                              | ress (P.O. Box Number is Not Acceptable)                                                                                                             |  |
| EN                                  | GLEWOOD FL 34223                                                                 |                                                                    | 63                                                |                                                                                                                                                      |  |
|                                     |                                                                                  |                                                                    | 63                                                | •                                                                                                                                                    |  |
|                                     |                                                                                  |                                                                    | 84 City                                           | 85 Zip Code                                                                                                                                          |  |
|                                     |                                                                                  |                                                                    |                                                   |                                                                                                                                                      |  |
| 11. Pursuant                        | to the provisions of Sections 607.050<br>egistered approt, or both, in the State | 2 and 607.1508, Florida Statutes<br>of Florida, Such change was au | s, the above-named cor<br>thorized by the coroora | poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered |  |
| agent. I a                          | m familiar with, and accept the obliga                                           | ations of, Section 607.0505, Flor                                  | ida Statutes.                                     | , , ,                                                                                                                                                |  |
| SIGNATURE                           |                                                                                  |                                                                    |                                                   |                                                                                                                                                      |  |
|                                     | Signature, typed or printed name of registered age                               |                                                                    | Registered Agent signature requ                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                    |  |
| 12.                                 | OFFICERS ANI                                                                     | DELETE                                                             | 13.<br>1.1 TITLE                                  | ABBITIONS/CHANGES TO OFFICERS AND BIRECTORS IN 12                                                                                                    |  |
| TITLE                               | D                                                                                | been                                                               |                                                   |                                                                                                                                                      |  |
| NAME                                | PIETER DE JONGE, LUCAS                                                           |                                                                    | 1.2 NAME                                          |                                                                                                                                                      |  |
| STREET ADDRESS                      | 2767 N BEACH RD #208                                                             |                                                                    | 1.3 STREET ADDRESS                                |                                                                                                                                                      |  |
| CITY - ST - ZIP                     | ENGLEWOOD FL 34223                                                               | DELETE                                                             | 1.4 CITY - ST - ZIP<br>2.1 TITLE                  | Change Addition                                                                                                                                      |  |
| TITLE                               | 0                                                                                | [_] DECEIE                                                         |                                                   |                                                                                                                                                      |  |
| NAME                                | G.C. DE JONGE, GEERTJE                                                           |                                                                    | 2.2 NAME                                          |                                                                                                                                                      |  |
| STREET ADDRESS                      | 2767 N BEACH RD #208                                                             |                                                                    | 2.3 STREET ADDRESS                                |                                                                                                                                                      |  |
| CITY-ST-ZIP                         | ENGLEWOOD FL 34223                                                               | T DELETT                                                           | 2. 4 CITY-ST-ZIP                                  | ☐ Change ☐ Addition                                                                                                                                  |  |
| TITLE                               |                                                                                  | ☐ DELETE                                                           | 3.1 TITLE                                         | Citalings Addition                                                                                                                                   |  |
| NAME                                |                                                                                  |                                                                    | 3.2 NAME                                          |                                                                                                                                                      |  |
| STREET ADDRESS                      |                                                                                  |                                                                    | 3.3 STREET ADDRESS                                |                                                                                                                                                      |  |
| CITY-ST-ZIP                         |                                                                                  | DESETTE                                                            | 3.4. CITY-ST-ZIP                                  | Change Addition                                                                                                                                      |  |
| TITLE                               |                                                                                  | ☐ DELETE                                                           | 4.1 TITLE                                         | in country                                                                                                                                           |  |
| NAME                                |                                                                                  |                                                                    | 4. 2 NAME                                         |                                                                                                                                                      |  |
| STREET ADDRESS                      |                                                                                  |                                                                    | 4.3 STREET ADDRESS                                |                                                                                                                                                      |  |
| CITY - ST - ZIP                     |                                                                                  | T priess                                                           | 4.4 CITY - ST - ZIP                               | Change Addition                                                                                                                                      |  |
| TITLE                               |                                                                                  | ☐ DELETE                                                           | 5.1 TITLE                                         | LJ Criange LJ Addator                                                                                                                                |  |
| NAME                                |                                                                                  |                                                                    | 5.2 NAME                                          |                                                                                                                                                      |  |
| STREET ADDRESS                      |                                                                                  |                                                                    | 5.3 STREET ADDRESS                                |                                                                                                                                                      |  |
| CITY - ST - ZIP                     |                                                                                  |                                                                    | 5.4 CITY - ST - ZIP                               |                                                                                                                                                      |  |
| TITLE                               |                                                                                  | ☐ DELETE                                                           | 6.1 TITLE                                         | Change L Addition                                                                                                                                    |  |
| NAME                                |                                                                                  |                                                                    | 6.2 NAME                                          |                                                                                                                                                      |  |
| STREET ADDRESS                      |                                                                                  |                                                                    | 6.3 STREET ADDRESS                                |                                                                                                                                                      |  |
| CITY-ST-ZIP                         |                                                                                  |                                                                    | 6.4 CITY - ST - ZIP                               |                                                                                                                                                      |  |
| 44 Ibaaabu                          | partify that the information currented w                                         | oth this filing does not qualify for                               | the exemption stated it                           | n Section 119.07(3)(i), Florida Statutes. I further certify that the information                                                                     |  |

r nereby certify that the information supplied with this filling coes not qualify for the exemption stated in Section 1.19-07(3)(), Florida Statutes. I further certify that fill 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 fill man 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: COCOONE