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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9700034089 1. Corporation Name

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90067 034 \*\*\*150.00

NORTHE	AST LAUNDRAMAT, INC.								
Principal Place	e of Business	Mailing Address				IN 1880) CONTRACTOR	()) <b>00</b> ))) <b>11</b> ( <b>13</b> )	HANK <b>Bab</b> ah <b>ab</b> ah	F) 1014# (#4) 1401
3343 NE SHOPI	•	3343 NE SHOPPING PLAZA							
SARASOTA FL 34235		SARASOTA FL 34235			O NOT WRI	TE IN THIS	CDACE		
		•			3. Date Incorporated		IE IN IMIS	SPACE	<del></del>
					04/14/1997	or Qualifed			
2. Principal P	lace of Business	2a. Mailing Address		_	4. FEI Number			I	applied For
21		26			65-0747067				lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Desired			Additional
22		27			5. Certifcate of Statu	is Desired		Fee F	Required
City & State	e	City & State	·····		6. Election Campaig	n Financing			May Be
23		28		<u>-</u>	Trust Fund Contri				to Fees
Zip	Country	Zip	Country		8. This corporation of		ent year int	angible Yes	12No
24	9. Name and Address of Curre	<del></del>	30		Personal Property  10. Name and Addre		Panistarad		IZ NO
	5. Name and Address of Cure	iit Kegistered Agent	81	Name	To. Hame the real		togictorou .		
NYE,	, SONJA L		-		(0.0.0	A1 A A	77-1		
2420 POST ROAD			82	Street A	ddress (P.O. Box Number is	Not Accepta	3D(8)		
SAR	ASOTA FL 34231		83						
			84	014				85 Zip	Code
				City			FL		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statutes	s, the above	e-named c	orporation submits this state	ement for the	purpose of	changing it	s registered
office or re agent. I a	m familiar with, and accept the obliga	ations of Section 607.0505, Florid	oa Statutes.	the corpor		nereby accer		ilineil as i	
agent. I a	m familiar with, and accept the obligations of registered age	ations of, Section 607.0505, Floridant and title if applicable. (NOTE: F	da Statutes. Registered Ageni	the corpor	quired when reinstating)		DATE		
agent. I all SIGNATURE	m familiar with, and accept the obligation of registered age OFFICERS AI	ations of, Section 607.0505, Florid and title if applicable. (NOTE: F ND DIRECTORS	Registered Agent	the corpor			DATE	D DIRECT	ORS IN 12
agent, I all SIGNATURE	m familiar with, and accept the obligation of registered age  OFFICERS AI	ations of, Section 607.0505, Floridant and title if applicable. (NOTE: F	Registered Agent  13.  1.1 TITLE	the corpor	quired when reinstating)		DATE		ORS IN 12
agent. I all SIGNATURE  12.  TITLE  NAME	signature, typed or printed name of registered age OFFICERS AT P NYE, SONJA L.	ations of, Section 607.0505, Florid and title if applicable. (NOTE: F ND DIRECTORS	Registered Agent  13. 1.1 TITLE 1.2 NAME	the corpor	quired when reinstating)		DATE	D DIRECT	ORS IN 12
agent. Fall SIGNATURE  12. TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI P NYE, SONJA L. 2420 POST ROAD	ations of, Section 607.0505, Florid and title if applicable. (NOTE: F ND DIRECTORS	Registered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET	t signatura rec	quired when reinstating)		DATE	D DIRECT	ORS IN 12
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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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: