

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90094 041 ***150.00

DOCUMENT # P97000057742

1. Corporation Name

SUNSHINE LAUNDROMAT CORP.

Principal Place of Business

4841 N. DIXIE HWY.
POMPANO BEACH FL 33319

Mailing Address

4144 INVERRARY DR.
LAUDERHILL FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1997

4. FEI Number

65-0767049

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

ELSHAMY, FARID
4144 INVERRARY DR.
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name

Gino Shamy

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

4144 INVERRARY DR

83

84 City

LAUDERHILL

FL

85 Zip Code

33319

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: *Gino Shamy*

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

(NOTE: Registered Agent signature required when reinstating)

DATE: 4/13/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME ELSHAMY, FARID
STREET ADDRESS 4144 INVERRARY DRIVE
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE D ☒ DELETE
NAME SOLANO-ELSHAMY, ORIETA
STREET ADDRESS 4144 INVERRARY DRIVE
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P ☒ Change ☐ Addition
1.2 NAME Gino Shamy
1.3 STREET ADDRESS 4144 INVERRARY DR
1.4 CITY-ST-ZIP LAUDERHILL, FL 33319

2.1 TITLE D, S ☒ Change ☐ Addition
2.2 NAME SOLANO-ELSHAMY, ORIETA
2.3 STREET ADDRESS 4144 INVERRARY DR
2.4 CITY-ST-ZIP LAUDERHILL FL 33319

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gino Shamy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President Gino Shamy

4/13/99

Date

954/339-5788

Daytime Phone #

CR2E034 (11/98)