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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 05 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081330 (7)

SANDY'S LAUNDRY SERVICES, INC. Mailing Address Principal Place of Business 1617 N E 5 STREET 1617 N E 5 STREET FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/18/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ROBERTS, SANDY **1617 N E 5 STREET** Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33301 83 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, 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. J. ROBERTS SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 Tille TITLE ROBERTS, SANDY NAME 1.2 NAME 1617 N E 5 STREET STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33301 CITY - ST - ZIP 1.4 City - ST- ZIP DELETE ☐ Change Addition TITLE 21 Title NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZIP DELETE ☐ Addition Channe TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 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:

SIGNATURE