SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT #

1. Corporation Name P97000090905 (5) COLONIAL COIN LAUNDRY INC. Principal Place of Business Mailing Address

FILED Sep 09 1998 8:00am Secretary of State



1905 W. VINE STREET KISSIMMEE FL 34748			1905 W. VINE STREET KISSIMMEE FL 34746				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  10/20/1997	
	I Place of Business	2a. N	2a. Mailing Address				4. FEI Number Applied For	
21		26					59-3475956   Not Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		28	City & State			71-11-	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	29	<b>?</b> (p)	Count	try		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Registe	red Agent				10. Name and Address of New Registered Agent	
SL	JTTER, BERNARD			8	81 Name			
3036 BIG SKY BLVD. KISSIMMEE FL 34741					2	Street Addre	Address (P.O. Box Number is Not Acceptable)	
				ε	33			
ı				8	4	City	FL 85 Zip Code	
office (	or regist <b>e</b> red agent, or both, in the Sta I am fa <b>mi</b> liar with, and accept the obli E	le of Florida gations of, :	. Such change was section 607.0505, F	s authorized l Florida Statut	by tes.	the corporatio	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
40	Signature, typed or printed name of registered as				d Ag	jent signature requi	uired when reinstating) DATE	
12.	OFFICERS A	MD DIKEC	- ·	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE			L DELETE				Change Addition	
NAME	RAJWANI, GULAMALI N ss 3201 RUNNING BEAR WAY			1.2 NAMI				
STREET ADDRES	KISSIMMEE FL 34741			1.3 STRE 1.4 City-		ADDRESS		
TITLE	TOOMINICE TE 07741		DELETE	2.1 TITLE	****	ZIP		
NAME			[] DECE IE	2.2 NAM			Change . Addition	
STREET ADDRESS	SS .					ADDRESS		
CITY-ST-ZIP				2.4 CITY-		1		
TITLE			DELETE	3.1 TITLE	_	1	Change Addition	
NAME				3.2 NAMI	E			
STREET ADDRES	ss			3.3 STRE	ET A	ADDRESS		
CITY-ST-ZIP				3.4 CITY-	ST-Z	ZIP		
TITLE			DELETE	4.1 TITLE			Change Addition	
NAME				4.2 NAM	Ē		<b>,</b>	
STREET ADDRES	s			4.3 STRE	ET A	ADDRESS		
CITY-ST-ZIP				4.4 CITY-	ST-Z	ZIP		
TITLE			DELETE	5.1 TITLE	•	T	Change Addition	
NAME				5.2 NAME	Ē			
STREET ADDRES	ss			5.9 STRE	ETA	ADDRESS		
CITY-ST-ZIP				5.4 CITY-	ST-2	ZIP		
TITLE			DELETE	6.1 TITLE			Change Addition	
NAME				6.2 NAME	F			
\$TREET ADDRES	ss			6.3 STRE	ET A	ADDRESS		
CITY-ST-ZIP	·			6.4 CITY-	\$T-2	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

9 P. ( 40x) 518-0636