


**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90024 032 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000072216**

1. Corporation Name  
**LAUNDROMAX, INC.**

Principal Place of Business  
**439 NE 7TH AVE**  
**FORT LAUDERDALE FL 33301**

Mailing Address  
**439 NE 7TH AVE**  
**FORT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/18/1998**

4. FEI Number

**65-0860369**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**6. Election Campaign Financing ☐**\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**ECKERT SEAMANS CHERIN & MELLOTT, LC**  
**450 E LAS OLAS BLVD**  
**SUITE 800**  
**FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

**RODRIGUEZ AND ANGULO, INC.**

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

**RIVERWALK PLAZA, SUITE 4000**

83

**333 N. NEW RIVER DRIVE EAST**

84 City

**FT. LAUDERDALE**

FL

85 Zip Code

**33301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**6-30-99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D**  
**HAIG, ALAN**  
**439 NE 7TH AVE**  
**FORT LAUDERDALE FL 33301**

TITLE ☐ DELETE

**D**  
**LAMBERT, ERIC**  
**439 NE 7TH AVE**  
**FORT LAUDERDALE FL 33301**

TITLE ☐ DELETE

**D**  
**LAMBERT, ERIC**  
**439 NE 7TH AVE**  
**FORT LAUDERDALE FL 33301**

TITLE ☐ DELETE

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**LAMBERT, ERIC**  
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**439 NE 7TH AVE**  
**FORT LAUDERDALE FL 33301**

TITLE ☐ DELETE

**D**  
**LAMBERT, ERIC**  
**439 NE 7TH AVE**  
**FORT LAUDERDALE FL 33301**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)