

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
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90046 039 ***150.00

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DOCUMENT # P98000078367

1. Corporation Name
WASHING WELL COIN LAUNDRY CENTERS, INC.

Principal Place of Business
5300 NW 12TH AVE
FORT LAUDERDALE FL 33309

Mailing Address
5300 NW 12TH AVE
FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/10/1998

4. FEI Number
65-0865096

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
21 992 South Military Trail
Suite, Apt. #, etc.

2a. Mailing Address
26 992 South Military Trail
Suite, Apt. #, etc.

City & State
23 West Palm Beach Florida

City & State
28 West Palm Beach Florida

Zip Country
24 33415 25 U.S.

Zip Country
29 33415 30 U.S.

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name Robert Macfie
82 Street Address (P.O. Box Number is Not Acceptable) 631 Bedford Way
83
84 City Weston FL 85 Zip Code 33326

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

(NOTE: Registered Agent signature required when reinstating)

DATE 11/8/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MACFIE, ROBERT
STREET ADDRESS 5300 NW 12TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE D ☐ DELETE
NAME MACFIE, MARY
STREET ADDRESS 5300 NW 12TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33309

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 P ☒ Change ☐ Addition
1.2 NAME Macfie, Robert
1.3 STREET ADDRESS 631 Bedford Way
1.4 CITY-ST-ZIP Weston FL 33326

2.1 TITLE V.P. ☒ Change ☐ Addition
2.2 NAME Mary Macfie
2.3 STREET ADDRESS 631 Bedford Way
2.4 CITY-ST-ZIP Weston FL 33326

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: *Robert Macfie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)