-PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90201 034 ***150.00

DOCOMENT # P980000/9/85							
T. Corporation	on Name						
FNM C	OIN LAUNDRY, INC.					18.878 18(1) 18.88)	(818) (818 (88)
Original Dis	on of Business	Mailing Address	—			1984 ILIJI 1888	HEATER CONTINUES
1901 NE 167 (MIAM) FL 3316		1901 NE 167 STREET Miani Fl 33162					
MIAMI EL 3310	04	MIRMU FE 93102			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
					09/15/1998		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26		· - ·	<u> 65-0865505</u>		Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	-
22		27			S. Certification of Country	Fee Re	quired
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to) Fees
Zíp	Country	Zip (_	ᆫᅃ	intry	8. This corporation owes the current year in		
24	25	29 30	ام		Personal Property Tax.		□No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered	Agent	
P 41	174N F4D74NA			B1 Name			
	JZAN, FARZANA				dress (P.O. Box Number Is Not Acceptable)		
	11 NE 167 STREET						
. MIA	MI FL 33162			83			i
				84 City		85 Zip C	ode
				1 1 1	FL	. `	
11. Pursuant	to the provisions of Sections 607.	0502 and 607,1508, Florida Statutes,	the a	bove-named corp	oration submits this statement for the purpose of	changing its r	registered
office or	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida, Such change was auth digations of, Section 607.0505, Florid	a Stati	r by the corporation utes.	oration submits this statement for the purpose of on's board of directors. Thereby accept the apport	unueur sa reð	,510.00
SIGNATURE		- · · · · · · · · · · · · · · · · · · ·					
	Signature, typed or printed name of registered			Agent signature require			00 101 40
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		RS IN 12
TITLE	PSO	□ DELETE	1.1 177			☐ Change	
NAME	FAUZAN, FARZANA	ļ	12NA	· -			
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CITY-ST-ZIP	MIAMI FL 33162			TY-ST-ZIP		Ć Channa	Addition
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NAME						Change	
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		O DELETE	23 ST 2.4 CT 3.1 TTI 3.2 NA	REET ADORESS TTY-ST-ZIP TLE			Addition
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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: TO SECTION AT LABOR OF SIGNATURE OF SIGNATURE

CITY-ST-ZIP