

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 AM 9:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 524897 - (6)

1. Corporation Name
CLEAN & Dry LAUNDROMATS - INC

Principal Place of Business: *13604 S. VILLAGE DR. TAMPA, FL 33624*

Mailing Address: *APT. 301 ← SAME*

2. Principal Place of Business: 21, 22, 23, 24, 25

2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: *2-1-1977*

3a. Date of Last Report: *1994*

4. FEI Number: *59-174380*

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under S. 198.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

*MIGUEL H. ORTIZ
13604 S. VILLAGE DR. APT. 301
TAMPA, FL 33624*

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

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: _____ (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE: *PRESIDENT*

NAME: *MIGUEL H. ORTIZ*

STREET ADDRESS: *13604 S. VILLAGE DR.*

CITY - ST - ZIP: *TAMPA FL 33624*

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE: Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE: Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE: Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE: Change Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), 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, and I am an officer or director of this 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: *Miguel H. Ortiz*

TITLE: *PRESIDENT*

DATE: *5/11/95*

IDENTIFICATION: *813-968-1070*

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 528031

1. Corporation Name
RAWLED, INC.

Principal Place of Business
**209 SOUTH B STREET
LAKE WORTH, FLORIDA 33460**

Mailing Address
SAME

300001485103

-05/12/95--01016--001

*****200.00 ~~200.00~~ 200.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **1-29-91** 3a. Date of Last Report **1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30 **PALM BEACH**

4. FEI Number **65-0228286** 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**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent
**ELOISE MORGAN
2032 KENWOOD ROAD
WEST PALM BEACH, FLORIDA 33409**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 **ELOISE MORGAN** *Eloise Morgan* **4-28-95**
Signature (typed or printed name of registered agent and 100 if director) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DELMAR STUART
STREET ADDRESS	209 SOUTH "B" STREET
CITY-ST-ZIP	LAKE WORTH, FLORIDA 33460
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ELOISE MORGAN
2.3 STREET ADDRESS	209 S. B STREET
2.4 CITY-ST-ZIP	LAKE WORTH, FLORIDA 33460
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: **ELOISE MORGAN, REGISTERED AGENT** *Eloise Morgan* **4-28-95** **407-686-9659**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Typed Name)