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

DOCUMENT # S32501

COIN-O-MAGIC LAUNDRY & DRY CLEANING INC.

Principal Pl	ace of	Business
21/00 MAIN 9	eT.	

Mailing Address

2109 MAIN ST

FILED Apr 23, 1999 8:00 am Secretary of State

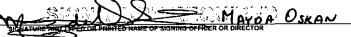
04-23-1999 90230 019 ***150.00



DUNEDIN FL 34	991-3621 DUNEDIN FL 34691-3621		DO NOT WRITE IN THIS SPACE	E			
					3. Date Incorporated or Qualifed		
	,				02/15/1991		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-3058621	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 C-1/1-15 of State Basined \$8	3.75 Additional	
22		27			5. Certifcate of Status Desired	ee Required	
City & State	e ,	City & State			6. Election Campaign Financing	5.00 May Be	
23		28			Trust Fund Contribution A	dded to Fees	
Zip	Country	, Zip	Cour	try	8. This corporation owes the current year Intangible		
24	. 25	29	30		Personal Property Tax.		
	9. Name and Addre	ss of Current Registered Agent			10. Name and Address of New Registered Agent		
				81 Name		ļ	
	AN, JACK		ŀ	82 Street	Street Address (P.O. Box Number is Not Acceptable)		
	MAIN ST						
DUN	EDIN FL 34689			83			
			}	84 City	85	Zip Code	
			1		FL.		
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					· · · · · · · · · · · · · · · · · · ·		
				gent signature	required when reinstating) DATE	DECTORS IN 12	
12.		FFICERS AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIF	hange Addition	
TITLE	D	C) DELETE	1.1 TITI			ango 🗀 . too	
NAME	OSKAN, JACK		1.2 NA		501 N. FT. HARRISON AVE		
STREET ADDRESS	2109 MAIN ST			EET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL		_	Y-ST-ZIP	CLEARWATER FL 33755	hange Addition	
TITLE	D	☐ DELETE	2. 1 TITI		**	illange	
NAME	oskan, mayda		2.2 NA		501 N. FT. HARRISON AVE	}	
STREET ADDRESS	2109 MAIN ST		2.3 STF	REET ADDRESS	301 1011 11114221300		
CITY-ST-ZIP	DUNEDIN FL		_	Y-\$T-ZIP	CLEDRWATER FL 33755	Shanna	
TITLE		☐ DELETE	3.1 TIT			hange	
NAME			3.2 NA	ΛE			
STREET ADDRESS	•		3.3 STF	REET ADDRESS			
CITY-ST-ZIP			_	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TIT	E	,	change	
NAME			4.2 NA	ME	ļ ;		
STREET ADDRESS			4.3 STI	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TIT		, 🖂	Change	
NAME			5.2 NA				
STREET ADDRESS		-	5.3 STF	REET ADDRESS		r	
CITY-ST-ZIP	و ١٩٤٤ ميو د ١٠٠٠ ساليم	# 19 13 14		Y-ST-ZIP	l		
TITLE	,	☐ DELETE	6.1 TIT			hange Addition	
NAME	,		6.2 NA	ME		İ	
STREET ADDRESS	•		6.3 ST	REET ADDRESS			
			6.4 CIT	Y-ST-ZIP		1	

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:



727-447-0189