CORPORATION
ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S48046 (4)

1. Corporation Name
OAKLAND MANORS COIN LAUNDRY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % 2929 E. COMMERCIAL BLVD.<br>FT. LAUDERDALE FL 33308 | % 2929 E. COMMERCIAL BLVD.<br>FT. LAUDERDALE FL 33308 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/11/1991
3a. Date of Last Report: 04/28/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 3655 N. Dixie Hwy. | 26 3655 N. Dixie Hwy |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: OAKLAND PARK, FL. | 28 City & State: OAKLAND PARK FL. |
| 24 Zip: 33334 25 County: U.S.A. Broward | 29 Zip: 33334 30 County: U.S.A. |

4. FEI Number: 65-0257126 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| VECCHIO, JOSEPH<br>2929 E. COMMERCIAL BLVD.<br>FT. LAUDERDALE FL 33308 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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: Vecchio Joseph — 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | ☒ Change ☐ Addition<br>Pres. |
| NAME | NANOIA, GABRIEL J. | 12 NAME | CHRISTIAN F. HOSBACH |
| STREET ADDRESS | 111 N. POMPANO BEACH BLV #1104 | 13 STREET ADDRESS | 1069 N.E. 34th Ct. |
| CITY-ST-ZIP | POMPANO BEACH FL 33061 | 14 CITY-ST-ZIP | OAKLAND PK. FL. 33334 |
| TITLE | | 21 TITLE | ☐ Change ☒ Addition<br>Vice Pres. |
| NAME | | 22 NAME | Lisa A. Sciolaci |
| STREET ADDRESS | | 23 STREET ADDRESS | 705 River Renaissance |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | E. Rutherford, N.J. 07073 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 119.07(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.

SIGNATURE: [signature] 04.25.95 305.566.3393
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0432804 FP