

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S48046 (4)
1. Corporation Name
OAKLAND MANORS COIN LAUNDRY, INC.

Principal Place of Business
3655 N. DIXIE HWY.
OAKLAND PARK FL 33334
US

Mailing Address
3655 N. DIXIE HWY.
OAKLAND PARK FL 33334
US



DO NOT WRITE IN THIS SPACE

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

29

9. Name and Address of Current Registered Agent

VECCHIO, JOSEPH
2929 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified

04/11/1991

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME HOSBACH, CHRISTIAN F.
STREET ADDRESS 1000 NE 34TH CT.
CITY-ST-ZIP OAKLAND PARK FL

TITLE V
NAME SCIORSCI, LISA A
STREET ADDRESS 705 RIVER RENAISSANCE
CITY-ST-ZIP E. RUTHERFORD NJ

TITLE P
NAME HOSBACH, LAURA
STREET ADDRESS 201 NE 29TH ST.
CITY-ST-ZIP WILTON MANORS FL

TITLE T
NAME HOSBACH, GUSTAV C.
STREET ADDRESS 201 NE 29TH ST.
CITY-ST-ZIP WILTON MANORS FL

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 V
1.2 NAME HOSBACH, CHRISTIAN F.
1.3 STREET ADDRESS 201 N.E. 29TH ST.
1.4 CITY-ST-ZIP WILTON MANORS FL. 33334

2.1 TITLE V
2.2 NAME SCIORSCI, LISA A.
2.3 STREET ADDRESS 106 HAMILTON AVE.
2.4 CITY-ST-ZIP ELMWOOD PARK, N.J. 07407

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE T.
4.2 NAME HOSBACH, GUSTAV C.
4.3 STREET ADDRESS 201 N.E. 29TH ST.
4.4 CITY-ST-ZIP WILTON MANORS, FL. 33334

5.1 TITLE S.
5.2 NAME HOSBACH, ANDREA
5.3 STREET ADDRESS 1069 N.E. 34TH CT.
5.4 CITY-ST-ZIP OAKLAND PARK, FL. 33334

6.1 TITLE
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.

SIGNATURE:

Gustav C. Hosbach 7/16/98 (954-566-3393)

CR2E (5/98)

Department of State:

7/6/98

I called your office @ 850-487-6059
upon receiving the 2nd notice for our Corps.
548046 & P94000077986, and spoke to Tyron.
We never received the 1st notices. He said
to send in \$150 ea. Please waive the late fee.

Thanks in
advance
Rach