

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90010 023 ***150.00

DOCUMENT # S48046

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

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 the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

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

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 ☐ DELETE

NAME HOSBACH, CHRSTIAN F.

STREET ADDRESS 201 NE 29TH ST.

CITY-ST-ZIP WILTON MANORS FL 33334

TITLE V ☐ DELETE

NAME SCIORSCI, LISA A

STREET ADDRESS 106 HAMILTON PARK AVE.

CITY-ST-ZIP ELMWOOD PARK NJ 07407

TITLE P ☐ DELETE

NAME HOSBACH, LAURA

STREET ADDRESS 201 NE 29TH ST.

CITY-ST-ZIP WILTON MANORS FL

TITLE T ☐ DELETE

NAME HOSBACH, GUSTAN C.

STREET ADDRESS 201 NE 29TH ST.

CITY-ST-ZIP WILTON MANORS FL

TITLE S ☐ DELETE

NAME HOSBACH, ANDREA

STREET ADDRESS 1069 NE 34TH CT

CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)