

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 07 1996 8:00 am
Secretary of State

DOCUMENT # **S83088** (2)

1. Corporation Name

LAUNDRY SYSTEMS, INC.

Principal Place of Business

**3466 NORTH MIAMI AVENUE
MIAMI FL 33127**

Mailing Address

**3466 NORTH MIAMI AVENUE
MIAMI FL 33127**



2. Principal Place of Business

21 Subst. Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Subst. Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

09/26/1991

3a. Date of Last Report

06/27/1995

4. FEI Number

65-0289203

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

**ELLISON, JAMES
3466 NORTH MIAMI AVENUE
MIAMI FL 33127**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-STATE-ZIP
☐ DELETE	P ELLISON, JAMES	3466 N MIAMI AVE	MIAMI FL
☐ DELETE	VT ELLISON, ALAN	3466 N MIAMI AVE	MIAMI FL
☐ DELETE	SAT BELOFF, MARISUE	3466 N MIAMI AVE	MIAMI FL
☐ DELETE			
☐ DELETE			
☐ DELETE			
☐ DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-STATE-ZIP
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			
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☐ Change ☐ Addition			

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)(g), 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 member 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARISUE BELOFF

1/22/96 305-576666

CR2E034 (12/95)