

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V44354 (1)

1. Corporation Name
PLAZA LAUNDROMAT, INC.



Principal Place of Business
**5368 S. SUNCOAST BLVD.
STE. 9A
HOMASASSA FL 34446**

Mailing Address
**1010 SE 3RD AVE.
CRYSTAL RIVER FL 34429**

3. Date Incorporated or Qualified
06/11/1992

3a. Date of Last Report
08/07/1995

4. FEI Number
59-3129011

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

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 4119 S. WINDING OAKS DR. 59-3129011

27 Suite, Apt #, etc

28 HOMOSASSA, FL

29 34446 30 USA

9. Name and Address of Current Registered Agent

**DIDONNA, ALEXANDER A.
1010 S.E. 3RD. AVE.
HOMOSASSA FL 34446**

10. Name and Address of New Registered Agent

81 Name **DiDonna, Alexander A.**

82 Street Address (P.O. Box Number is Not Acceptable)
4119-S. Winding OAKS, DR.

83

84 City **HOMOSASSA** FL 85 Zip Code **34446**

11. Pursuant to the provisions of Sections 607.0602 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 *Alexander A. Didonna* DATE **6/8/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DIDONNA, ALEXANDER A.	
STREET ADDRESS	1010 S.E. 3RD. AVE.	
CITY - ST - ZIP	CRYSTAL RIVER FL 34429	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DIDONNA, DOROTHY A.	
STREET ADDRESS	1010 S.E. 3RD. AVE.	
CITY - ST - ZIP	CRYSTAL RIVER FL 34429	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DIDONNA, ALEXANDER A.	
13 STREET ADDRESS	4119-S. WINDING OAKS, DR.	
14 CITY - ST - ZIP	HOMOSASSA, FL, 34446	
21 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DIDONNA, DOROTHY A.	
23 STREET ADDRESS	4119-S. WINDING OAKS DR.	
24 CITY - ST - ZIP	HOMOSASSA, FL, 34446	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ALEXANDER DIDONNA** *Alexander Didonna* **6/11/96 (352) 628-5440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)