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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90274 008 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V 55176 ✓

1. Corporation Name
BEST LAUNDRY EQUIPMENT, INC.

Principal Place of Business Mailing Address
1127 N. JEFFERSON SARASOTA, FL 34237 **1127 N. JEFFERSON SARASOTA, FL 34237**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8/4/1992

21	2. Principal Place of Business 1127 N. JEFFERSON Suite, Apt. #, etc.	2a. Mailing Address SAME Suite, Apt. #, etc.	4. FEI Number 65-0345108	Applied For <input type="checkbox"/> Not Applicable
22	City & State SARASOTA, FL	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip 34237	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SMITH, ROY C.
5149 BOCA RATON AVE.
SARASOTA, FL 34234

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROY C.	1.2 NAME	
STREET ADDRESS	5149 BOCA RATON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34234	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BARBARA SUE	2.2 NAME	
STREET ADDRESS	5149 BOCA RATON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34234	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROY	3.2 NAME	
STREET ADDRESS	2304 60TH AVE. WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34207	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CY BENJAMIN	4.2 NAME	
STREET ADDRESS	1259 34TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34234	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Katherine Harris ROY SMITH 4/9/99 941-366-7323
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)