FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # V6816 COIN LAUNDRY SYSTEM	• •					
Principal Place	e of Business	Mailing Address				198 4 518 4 4184 5181	E16H 7HILL 10H
1225 BENNETT DRIVE 1225 BENNETT DR UNIT 149 UNIT 149 LONGWOOD FL 32750 LONGWOOD FL 3							
					3. Date Incorporated or Qualified 09/29/1992	3a. Date of La 08/12/199	' 1
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apl	#. CIC.	26 Suite, Apt. #, etc.			59-3151134	<u> </u>	Not Applicable 5 Additional
22	.,	27			5. Certificate of Status Desired		Required
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Z)p 24	Country 25	Zip 29	30 Co.	untry		Yes 🔲 No	er s. 199.032,
	9. Name and Address of Curre	nt Registered Agent	· · · · · · · · · · · · · · · · · · ·	81 Name	10. Name and Address of New Reg	istered Agent	
MOYER, PAUL V. 2827 WEST STATE ROAD 434 LONGWOOD FL 32778					dress (P.O. Box Number is Not Acceptable)		
				83			
				84 City	**************************************	FL 85	Ip Code
11. Pursuant I	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	utes, the a	bove-named cor	poration submits this statement for the pr		ng its registered
	egistered agent, or both, in the Stat in familiar with, and accept the obli	e of Florida. Such change was gations of, Section 607.0505, F	authorize Iorida Sta	d by the corpora tutes.	poration submits this statement for the pition's board of directors. I hereby accep	t the appointmen	as registered
SIGNATURE	Signature, typical or printed name of registered &	pent and title il applicable. (NC	TE Rogistere	d Agent signature requi	red when reinstating)	DATE	
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	P	☐ DELETE	1.1 7	· [[_] Char	ge ∐ Addition
NAME	MORGAN, LARRY		1.2 N	1			į
STREET ADDRESS	1225 BENNETT DR LONGWOOD FL		•	TREET ADORESS			1
CITY - ST - ZIP	DVC	DELETE	2.1 T	ITY-ST-ZIP		Char	ge Addition
NAME.	RITA JO MORGAN	C OFFER	2.2 N	1			3 0 (11) (10)
STREET ADDRESS	P.O. BOX 161464		1	TREET ADORESS			
CITY-S1-7IP	ALTAMONTE SPRINGS FL			CITY-ST-ZIP	• 7		ľ
1171.6	(DELETE	3.1 T			☐ Chan	ge Addition
NAME			3.2 N	AME			
STREET ACCORESS			335	TREET ADDRESS			,
CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. (CITY-ST-ZIP			
1011.1		☐ DELETE	4.1 Ţ			Char	ige 🔲 Addition
NAME			4.21	1			ļ
STREET ADDRESS				TREET ADDRESS			ļ
TITLE		DELETE	5.1 T	ITY-\$T-ZIP		☐ Char	ge Addition
NAME		נ_ טננונ	5.2 N	1			St. C VOORINI
STREET ADDRESS				TREET ADDRESS			
CITY - ST - ZIF			1	177-ST-ZIP			,
TITLE		☐ DELETE	6.1 T			☐ Char	ge Addition
NAME {			6.2 N	ſ			{
STREET ADDRESS			•	TREET ADDRESS			
City+St+7iP			1	TY-ST-ZIP			
14. I do hereb	by certify that the information supply indicated on this applied report or	ed with this filing does not qua	lify for the	exemption state	d in Section 119.07(3)(i), Florida Statutes It my signature shall have the same legal	. I further certify I	hat the

FILED

Apr 25 1997 8:00am

Secretary of State