DOCUMENT # VAR161



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Mar 23, 1999 8:00 am Secretary of State **Katherine Harris**

03-23-1999 90052 017 ***150.00

1. Corporation	Name			•		
UNITED	COIN LAUNDRY SYSTEMS.	INC.				
V		,		# 10011 B11010 B1101 10010 10010 11010 B1101	HI BIBIL BIBIK BIBIK BIBIK BIBIK BIBIK 1880	
Principal Place	of Business	Mailing Address	_	[00% \$11010 0110; 10104 (1010 04101 1101 010	ST BIBIT BIBIT BIBIT BIBIT BIBIT TABE	
1225 BENNETT DRIVE 1225 BENNETT DRIVE						
UNIT 149 UNIT 149						
LONGWOOD FL 32750 LONGWOOD FL 32750				DO NOT WRITE IN THIS SPACE		
	•			3. Date Incorporated or Qualifed		
				09/29/1992		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3151134	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State	a	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	<u>.</u>	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29 30	1	Personal Property Tax.		
	9. Name and Address of Current	Registered Agent	04 14	10. Name and Address of New Register	ea Agent	
MOVED DAIL V						
MOYER, PAUL V.				ress (P.O. Box Number is Not Acceptable)		
2627 WEST STATE ROAD 434 LONGWOOD FL 32779			12	25 Bennett Drive		
LON	GWOOD FL 32/19		83	±± 140		
			84 City	it_149	85 Zip Code	
		· ·	l Tro		L 32750	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named com	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered	
office or re	edistered agent, or both, in the State of In familiar with, and accept the obligati	ons of Section 607.0505, Florida	Statutes.	on's board of directors. Thereby accept the ap	Belleville A. M. M.	
SIGNATURE	KULLI DU	, W			'aa	
SIGNATURE	Signature, typed or printed name of registered agent	and the rapplicable. (NOTE. Re	rgan gistered Agent signature require			
12.149 00000			13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	P MORGAN LARRY	DELETE	1.1 गाLE		☐ Change ☐ Addition	
NAME	MORGAN, LARRY		1.2 NAME		٠.	
STREET ADDRESS	1225 BENNETT DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL	<u>_</u>	1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	_		2, 4 CITY+ST+ZIP			
TITLE		☐ DELETE	3.1 TTTLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS	* · · · -	* : -	3.3 STREET ADDRESS		• • • •	
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4,2 NAME			
STREET ADDRESS		•	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<u> </u>	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	•		
CITY-ST-ZIP	tags :		5.4 CITY-ST-ZIP		······································	
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	موارمة التي الطورية التيك مرافوق ا	Stray of and the Manner State of the State	6.2 NAME " " " " "	· 英雄 · 我不懂的 · 经基本 · · · · · · · · · · · · · · · · · · ·	-2^{10} , $x^{-3/2}$ = $-2x^2$, .	
	j		6.3 STREET ADDRÉSS	+ 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1		

6.4 CITY-ST-ZIP 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:

MOTULATTY Morgan

(407)834