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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

SABAL PALM LAUNDRAMAT, INC.

FILED

Apr 13 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address		
4700-7 BABCOCK STREET N.E. PALM BAY FL 32905	4700-7 BABCOCK STREET N.E. PALM BAY FL 32905	ET N.E.	

							DO NOT WRITE IN THIS SE	TAUE	
							3. Date Incorporated or Qualified		
							08/19/1985		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	 	oplied For
1		26					59-2572252		ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	+	Additional
22		27							equired
City & State	1	<u> </u>	City & State				6, Election Campaign Financing	-	May Be
23		28	- <u>-</u>			.	Trust Fund Contribution		to Fees
Zip	Country	\vdash	Zip	Cou	intry	f	8. This corporation owes or has paid the curre		
24	25	29		30					No
	g, Name and Address of Curr	ent Regis	stered Agent		81	Name	10. Name and Address of New Registered A	Beur	
	BER, ALFRED				01	IName			
	PEGGY CIRCLE, N.E.				82 Street Address (P.O. Box Number is Not Acceptable)				
PAI	LM BAY FL 32907								
					83	1			
					84	City		85 Zip	Code
						' '	FL		
agent. I ar	m familiar with, and accept the obl	igations o	of, Section 607.0505, F	lorida Stat	ute	s.	oration submits this statement for the purpose of constitution of directors. I hereby accept the appo	. Warie in de	vog.oto.oo
SIGNATURE	Signature, typed or printed name of negistered i	ibt beatraga	e fapplemble (NC	TE Registera	d Age	eni signature require			
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D		☐ DELETE	1.1 11	TLE		ι	Change	☐ Addition
NAME	ERBER, JOYCE			1.2 N	AME				
STREET ADDRESS	327 PEGGY CIRCLE N.E.			1.3 \$1	TAEET	T ADDRESS			
City-St-ZIP	PALM BAY FL			1.4 CI	ITY-S	ST - ZIP			
TITLE	S		☐ DELETE	2.1 1	TLE			Change	Addition
NAME	erber, alfred			2.2 N	AME	j			
STREET ADDRESS	327 PEGGY CIRCLE N.E.			2.3 S1	TAEET	T ADDRESS			
CITY-ST-ZIP	PALM BAY FL			2.40	ITY-	ST-ZIP			
TITLE			DELETE	3.1 TI	TLE			Change	Addition
NAME				3.2 N	AME				
STREET ADDRESS				3.3 S	rreet	T ADDRESS			
CITY-ST-ZIP				3.4. C	HY-	ST - Z(P			
TITLE			☐ DELETE	4.1 TI	TLE			Change	Addition
NAME				4. 2 N	IAME				
STREET ADDRESS				4.3 S	rree1	T ADDRESS			
CITY-ST-ZIP						ST-ZIP			
TITLE			DELETE	5.1 TI				Change	Addition
NAME				5.2 N	AME				
STREET ADDRESS						T ADDRESS			
						ST-ZIP			
CITY-ST-ZIP TITLE			DELETE	6.1 Ti		31-20F		Change	Addition
NAME			had occur	6.2 N			•		
STREET ADDRESS				■ 6.3 S	HLE	T ADDRESS			

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 13 if changed, or on an attachment with an address.

CITY-ST-ZIP