

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P94000085075 (7)

1. Corporation Name  
**COUPON MADNESS, INC.**

**FILED**  
95 AUG -8 AM 10: 21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business: **4419 W. HILLSBORO BLVD. COCONUT CREEK FL 33073**  
Mailing Address: **4419 W. HILLSBORO BLVD. COCONUT CREEK FL 33073**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	6574 N. State Rd 7	26	6574 N. State Rd 7	11/18/1994	
State, Apt # etc.		State, Apt # etc.		4. FEI Number	Applied For
22 STE 205		27 STE 205		65-0541931	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 COCONUT CREEK		28 COCONUT CREEK		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33073	25 Broward	29 33073	30 Broward	6. This Corporation has liability for intangible tax under s. 199.030, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KRYSHKA, LINDA 6465 N.W. 77 PLACE PARKLAND FL 33067				81 Name			
				82 Street & Zip (if Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 609.02 and 609.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 609.03, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13.	
12-1	PD KRYSHKA, LINDA 6465 N.W. 77 PLACE PARKLAND FL 33067	13-1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-2	<del>STEIN, GWYNETH R.</del> 7504 APPALACHIAN LANE PARKLAND FL 33067	13-2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-3		13-3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-4		13-4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5		13-5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-6		13-6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-7		13-7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-8		13-8	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(1), Florida Statutes. I further certify that the information contained in 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 its receiver or trustee or assignee to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on block 12 or 13 of this filing. I have signed or caused an authorized agent to sign this report.

SIGNATURE: *Linda Kryshka* LINDA Kryshka 8/4/95 305 340 3332  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)