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)

APPROVED AND FILED
95 JUN 21 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 847962 (8)

1. Corporation Name
CLEVELAND COIN MACHINE EXCHANGE, INC.

Principal Place of Business	Mailing Address
17000 SOUTH WATERLOO ROAD CLEVELAND OH 44110	17000 SOUTH WATERLOO ROAD CLEVELAND OH 44110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/15/1981**
3a. Date of Last Report: **06/13/1994**
4. FEI Number: **34-0678164** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. X Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _______________ DATE _______

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	GOLD, RONALD A.	17000 SO. WATERLOO RD.	CLEVELAND OH
VSD	GISSER, SHELDON M.	1200 STANDARD BLDG.	CLEVELAND OH
TD	GISSER, ESTHER	27030 CEDAR RD.	BEACHWOOD OH
VP	FOX HERMAN	17000S WATERLOO ROAD	CLEVELAND OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blank entries: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, each with ☐ Change ☐ Addition)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X Ronald A. Gold Pres. X (216)692-0960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DAYTIME PHONE

CR2E034 (3/95)

0176910 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED
AND

2L 4M 11:37

TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **N92000000017 (5)**

THE TAMPA THEATRE, INC.

Principal Place of Business	Mailing Address
711 N FRANKLIN ST TAMPA FL 33602	711 N FRANKLIN ST TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3191311 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29) County (25) (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

NOLAN, MICHAEL J
C/O CARLTON, FIELD, ET.AL.
1 HARBOUR DR.
TAMPA FL 33602

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 _____ DATE
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, New Registered Agent must sign)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BELL, JOHN C	12 NAME	
STREET ADDRESS	711 FRANKLIN ST	13 STREET ADDRESS	300001547713
CITY ST ZIP	TAMPA FL 33602	14 CITY ST ZIP	-07/27/95--01055--026 *****61.25 *****61.25
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	NOLAN, MICHAEL J	22 NAME	
STREET ADDRESS	CARLTON, FIELD, ET.AL. 1 HARBOUR DR.	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33602	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MUNSON, JUDITH H	32 NAME	
STREET ADDRESS	/2702-C PAXTON ST/	33 STREET ADDRESS	51 Martinique
CITY ST ZIP	TAMPA FL 33611/	34 CITY ST ZIP	Tampa, FL 33606
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ABELL, JAN	42 NAME	
STREET ADDRESS	2201 DEKLE AVE	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33606	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	REMITTED BY MAY 1 ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS	TLS 7/24/96	63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: Jan Abell — Jan Abell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/95 — Date

251-3652 — Daytime Phone #

0013068

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
JIM SMITH
SECRETARY OF STATE

APPROVED
AUG

DOCUMENT # **N92000000055 (5)**

SEACOVE TOWNHOME OWNERS ASSOCIATION, INC.

Principal Place of Business:
4275 HIGHWAY 98 EAST
DESTIN FL

Mailing Address:
P.O. Box 1039
DESTIN FL 32540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2373300 (Applied For / Not Applicable)

21 1630 OLD HWY 98 DESTIN FL 32541
22 Suite, Apt. # etc.
23 DESTIN FL
24 32541 25 WALTON

26 1630 OLD HWY 98 DESTIN FL 32541
27 Suite, Apt. # etc.
28 DESTIN FL
29 32541 30 WALTON

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRADY, RICHARD A JR
4275 HWY. 98, EAST
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name: DAVID L. CODDINGTON
82 Street Address (P.O. Box Number is Not Acceptable): 1630 OLD HWY 98
83
84 City: DESTIN **FL** 85 Zip Code: 32541

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: David L Coddington DAVID L. CODDINGTON MANAGER 6-6-95
(Typed or printed name of person signing) (If agent is corporation, name of officer or director signing) (Registered Agent signature required when remaining) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
11 TITLE	PD	11 TITLE	☐ Change ☐ Addition
12 NAME	MCNALLY, TIM	12 NAME	200001545782
13 STREET ADDRESS	5 HAWK ST	13 STREET ADDRESS	-07/25/95--01058--011
14 CITY ST ZIP	NEW ORLEANS LA 70124	14 CITY ST ZIP	****155.00 ****10.00
21 TITLE	SD	21 TITLE	VD ☒ Change ☐ Addition
22 NAME	YOUNG,, VERNON C	22 NAME	
23 STREET ADDRESS	4275 HWY 98 E.	23 STREET ADDRESS	
24 CITY ST ZIP	DESTIN FL 32541	24 CITY ST ZIP	
31 TITLE	TD	31 TITLE	SD ☒ Change ☐ Addition
32 NAME	PITALO, ALEX	32 NAME	JERNIGAN, JIM
33 STREET ADDRESS	4175 E. HWY. 98 #5D	33 STREET ADDRESS	P.O. BOX 208 NA
34 CITY ST ZIP	DESTIN FL 32541	34 CITY ST ZIP	FULTONDALE AL 35068
41 TITLE	VD	41 TITLE	TD ☒ Change ☐ Addition
42 NAME	LAWWILL, ROBERT	42 NAME	JACKSON, JAMES W.
43 STREET ADDRESS	8930 STATE ROAD 353	43 STREET ADDRESS	P.O. DRAWER 808 NA
44 CITY ST ZIP	RIPLEY OH 45167	44 CITY ST ZIP	TROY AL 36081
51 TITLE	D	51 TITLE	D ☒ Change ☐ Addition
52 NAME	FRADY, PATRICIA	52 NAME	AUTREY, JAMES G
53 STREET ADDRESS	4275 HWY 98 E.	53 STREET ADDRESS	P.O. BOX 21 NA
54 CITY ST ZIP	DESTIN FL 32541	54 CITY ST ZIP	ALPINE AL 35014
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

CR2E037 (3/95)

14. I (We) hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 1, 2 or Block 11-64 (if changed, or on an attachment with an address).

SIGNATURE: [signature] Tim McNally 7/5/95 501 288-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0018475