

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F40708 (2)

1. Corporation Name
COLONY COIN WASH, INC.



Principal Place of Business 2800 N. FLAGLER DRIVE APT.#810 WEST PALM BEACH FL 33407	Mailing Address 2800 N. FLAGLER DRIVE APT.#810 WEST PALM BEACH FL 33407
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 387 EVERGREEN AVENUE Suite, Apt #, etc.		2a. Mailing Address 26 387 EVERGREEN AVENUE Suite, Apt #, etc.		3. Date Incorporated or Qualified 08/18/1981	
22 City & State 23 TEQUESTA, FL 33469		27 City & State 28 TEQUESTA, FL 33469		4. FEI Number 59-2684952	
24 Zip 25		29 Zip 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

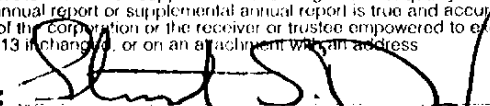
9. Name and Address of Current Registered Agent DRIVER, STUART 2800 N. FLAGLER DR. APT. 810 WEST PALM BEACH FL 33407 387 EVERGREEN AVENUE TEQUESTA, FL 33469				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DRIVER STUART	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2800 N. FLAGLER DR. 378 EVERGREEN AVE,	1.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL TEQUESTA, FL 33469	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S KAMINSKI, MARIE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	387 EVERGREEN AVE	2.2 NAME	
STREET ADDRESS	TEQUESTA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 in change of, or on an attachment with an address

SIGNATURE: 

CR2E034 (10/97)