| FIL | LE NOW: | FILING FEE A | FTER | MAY 1ST | IS \$ | 550 | .00 | | FIL | ED | | |
|-----------------------------|---|--|--------------------------------------|--|---------------------------------|--------------------------------|---------------------|------------------|---|--------------|------------------------------|---------------------|
| | PROFIT ORPORATION INUAL REPORT 1998 | | | FLORIDA DEPARTM Sandra B. I Secretary of DIVISION OF CO | | | | | May 08 1998 8:00a Secretary of State | | | |
| | JMENT (Ition Name WAR COIN I | # K76502 AUNDRY, INC. | 2 | (9) | | ·- | | · | | | | |
| • • | cace of Business CROFT RD. FL 33025 | | 342 | ng Address 21 FOXCROFT RD. RAMAR FL 33025 | | | | | DO NOT WRITE 3. Date Incorporated or Qualified 03/23/1989 | | | |
| 2. Principa | l Place of Busine | §S | 2a, N | Mailing Address | | | | | 4. FEI Number 65-0107694 | | Applie Not A | ed For |
| Suite, A | pt. #, etc. | | | uite, Apt. #, etc. | | | | | Certificate of Status Desired | □ \$ | 8.75 Add | itional |
| City & S | itate | | | City & State | | _ | | | Election Campaign Financing Trust Fund Contribution | | 5.00 Ma Added to F | |
| Zip 24 | | | 29 | ip | 30 | Country | | | This corporation owes or has paid Personal Property Tax due June 3 | 30. 🔲 Ye | es 🔲 N | |
| | | nd Address of Current | Register | red Agent | | Д | | | 10. Name and Address of New Reg | istered Age | nt | |
| | MACKEY, MAR 3421 FOXCRO | | | | | 81 | Name | Addro | ss (P.O. Box Number is Not Acceptable | ~\ | | |
| 1 | MIRAMAR FL 3 | 3025 | | | | 63 | Silber. | AGG16: | SS (F.O. DOX NUMBER IS NOT ACCEPTED | | | |
| | | | | | | 84 | City | | | FL 8 | 5 Zip Cod | le |
| 11. Pursua office of agent. | ant to the provision or registered age I am familiar with | ns of Sections 607.0502 nt, or both, in the State of , and accept the obligation | and 607 of Florida tions of, S | .1508, Florida Statu Such change was Section 607,0505, F | utes, the author lorida S | e above ized by Statutes | e-named the corp | corpo poratio | ration submits this statement for the pun's board of directors. I hereby accept | rpose of cha | inging its re ment as reg | gistered istered |
| SIGNATUR | Æ | | | | | | | | | | | |
| | Signature, typed or | printed hame of registered agen | | | | | ni signature | required | d when reinstating) | DATE | | |
| 12. | 10 | OFFICERS AND | DIRECT | ORS DELETE | | 1 TITLE | | 1 | ADDITIONS/CHANGES TO OFFICE | | | N 12 Addition |
| TITLE | , - | MARIA E. | | □ neces | - 6 | 1 TITLE 2 NAME | | 1 | | u | Change L | AUURIUII |
| STREET ADORES | | KCROFT ROAD | | | | | ADDRESS | | | | | |

SIGI 12. TITLE NAME STREE MIRAMAR FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZW 6.4 CITY-ST-ZIP

14. Thereby 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 (course 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 of uslee embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, if on an attachment with an actires.

SIGNATURE:

SIGNATURE: