

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Workman
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **K79198**

(3)

COIN COPY OF CENTRAL FL., INC.

1. Name of Corporation MOBILE UNIT P. O. BOX 568064 ORLANDO FL 32856-8064 US	2a. Name, Address MOBILE UNIT P. O. BOX 568064 ORLANDO FL 32856-8064 US	3. Date Reorganized or Amended 04/10/1989	3a. Date of Last Report 06/23/1994
2. Principal Office 21	2a. Name, Address 26	4. FIC Number 59-2942145	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	30	9. The corporation is a Florida corporation. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ABBALEO, TONY P. 3520 E. JERSEY AVENUE ORLANDO FL 32806	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number Not Applicable) B3 B4 City FL B5 Zip Code
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11. I, the undersigned, as a duly qualified and duly sworn Florida Notary Public, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office as indicated above. I certify that the Florida Department of State was authorized by the corporation's board of directors to hereby accept the appointment of registered agent Tony Abbaleo as indicated above. I am a Notary Public in and for the State of Florida.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO REGISTERED OFFICE AND DIRECTORS																																												
<table border="1"> <tr> <td>NAME</td> <td>PD</td> </tr> <tr> <td>Street Address</td> <td>ABBALEO, TONY P.</td> </tr> <tr> <td>City</td> <td>1503 CAMPBELL ST.</td> </tr> <tr> <td></td> <td>ORLANDO FL</td> </tr> </table>	NAME	PD	Street Address	ABBALEO, TONY P.	City	1503 CAMPBELL ST.		ORLANDO FL	<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>Street Address</td> <td>3520 E. JERSEY AVE.</td> <td></td> </tr> <tr> <td>City</td> <td>ORLANDO FL 32806</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>Street Address</td> <td></td> <td></td> </tr> <tr> <td>City</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>Street Address</td> <td></td> <td></td> </tr> <tr> <td>City</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>Street Address</td> <td></td> <td></td> </tr> <tr> <td>City</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	Street Address	3520 E. JERSEY AVE.		City	ORLANDO FL 32806	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	Street Address			City		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	Street Address			City		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	Street Address			City		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply for the corporation stated as true to the best of my knowledge and belief. I further certify that the information included in this report is a supplemental annual report to the annual report and that my signature shall have the same legal effect as if it were on the certificate of incorporation of the corporation or this report or any other document empowered to provide this report as required by Chapter 603, Florida Statutes, and that my name appears in Block 1 of Block 1 of the report or in an affidavit filed with this filing.

SIGNATURE: *Tony Abbaleo*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR