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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90096 032 ***150.00

DOCUMENT # K79198 1. Corporation Name	
COIN COPY OF CENTRAL FL., INC.	
	I LORGICHIA DEL LORGIC DELLA CERTA CARRA CAR

							KRO IBNI OLUK UKO	<u> </u>	
Principal Place	of Business	Mailing Add	ress			(
MOBILE UNIT		MOBILE UNIT							
P. O. BOX 568064 ORIANDO FL 32856-8064 ORIANDO FL 32856-8064			DO NOT WRI	DO NOT WRITE IN THIS SPACE					
ORLANDO FL 32856-8064 US ORLANDO FL 32856-8064 US		3. Date Incorporated or Qualifed							
00		•				04/10/1989			
2 Principal Pl	ace of Business	2a, Mailing	Address			4. FEI Number		A	pplied For
- ¬ '	ace of Business	26				59-2942145		I	ot Applicable
Suite, Apt.	# etc	Suite, Ap	ot. #, etc.					\$8.75	Additional
22	, , , , , ,	27				5. Certifcate of Status Desired		Fee R	lequired
City & State	9	City & S	tate			6. Election Campaign Financing		\$5.00	May Be
23		28			•	Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Coun	try	8. This corporation owes the cur	rent year Inta	ngible	_
24	25	29	30	0		Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Registered Ag				10. Name and Address of New	Registered A	gent	
400	ALCO TONN D			*	Name				
	aleo, tony p. E. Jersey avenue			1	32 Street A	ddress (P.O. Box Number is Not Accept	able)		
	ANDO FL 32806			ļ.	33			 -	
				Ī	34 City		FL	85 Zip	Code
						orporation submits this statement for the			
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such of ations of, Section (change was auti 607.0505, Florid	nonzed la Statul	es.	ation's poard or directors. Thereby acce	pt the appoin		egistered
	Signature, typed or printed name of registered age		(NOTE: R	<u> </u>	gent signature rec	uired when reinstating) ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12
12.		ND DIRECTORS	DELETE	13. 1.1 TITL		ADDITIONS/CHANGES TO OF	FIOENS AND	Change	
TITLE	PD		L] OCCETE	•					_
NAME (ABBALEO, TONY P.			1.2 NAM					
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CITY-ST-ZIP	orlando fl								
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NAME			☐ DELETE	1.4 City 2.1 Titl 2.2 NAM	r-st- <i>Z</i> ip E			Change	Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3-1-99