PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Katherine Harris 🗽

Secretary of State DIVISION OF CORPORATIONS

1999

1. Corporation	MENT # L16005 COIN OPERATION, INC.		: ,	1 PROGRAM END LIGHT BUTTH BETTY BETTY I	en 1890 êtên alan born .	liii dirii (res)	
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Principal Place	of Business	Mailing Address					
2948 E COMME		2948 E COMMEDIAL BLVD FT. LAUDERDALE FL 33308					
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				3. Date Incorporated or Qualified		Ì	
				09/12/1989			
	ace of Business	2a. Mailing Address		4, FEI Number	ننسب إ	olied For	
	THOMAS ST.	26		59-1946898	\$8.75 A	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		dritted ===================================	- 1
City & State		City & State -		a Election Campaign Financing	\$5.00	May Be	
<u> </u>	1 WOOD -FL	28		Trust Fund Contribution	Added t		
Zip	Country		Country	8. This corporation owes the current		_	
24 Zip 230.	25 USA	29 30		Personal Property Tax.		□No	
	g. Name and Address of Current	Registered Agent	941 41	10. Name and Address of New Reg	stered Agent		
CIDA	E DONALD		B1 Name				
	e, donald Hollywood blyd		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	LYWOOD FL	the State of the State	83				
1,00							
	· •		84 City		FL 85 Zip C	Į.	
44 Dureuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes, the	above-named corp	poration submits this statement for the pur on's board of directors. I hereby accept th	pose of changing its	registered	
office or n	egistered agent, or both, in the State of	f Florida, Such change was authoriz	zed by the corporation	on's board of directors. I hereby accept th	e sbboumant as caf	Jistereo	
agentia	egistered agent, or both, in the State on familiar with, and accept the obligation	f Florida, Such change was authorizons of, Section 607.0505, Florida S	zed by the corporation tatutes.			jistereo	
office or n agent. I a	agistered agent, or both, in the State on m familiar with, and accept the obligation Signature, speed or printed name of registered agent	ONS 01, 3000011 001.0000, 1 to los 0.	zed by the corporation tatutes. Bred Agent signature require	d when reinstating)	DATE .		(8)
agentia	Signature, typed or printed name of registered agent OFFICERS AND	and the if applicable. (NOTE: Registre) DIRECTORS	ered Agent signature require		DATE ERS AND DIRECTO	RS IN 12	11/98)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Registre O DIRECTORS 1 DELETE 1.	ered Agent signature require 13. 1 TITLE	d when reinstating)	DATE .		4 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD ALBERS, RICHARD	and title if applicable. (NOTE: Registr) DIRECTORS 1.	ered Agent signature require 13. 1 TITLE 2 NAME	d when reinstating)	DATE ERS AND DIRECTO	RS IN 12	5034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD ALBERS, RICHARD 427 CRESCENT DR	and title if applicable. (NOTE: Registre D. DELETE 1.	wed Agent signature require 13. 1 TITLE 2 NAME 3 STREET ADDRESS	d when reinstating)	DATE ERS AND DIRECTO	RS IN 12	32E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZEP	Signature, typed or printed name of registered agent OFFICERS AND PD ALBERS, RICHARD 427 CRESCENT DR HOLLYWOOD FL	and site of applicable. (NOTE: Registre Discrete Control of the profession of the pr	ered Agent signature require 13. 1 TITLE 2 NAME	d when reinstating)	DATE ERS AND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE	Signature. Speed or printed name of registered agent OFFICERS AND PD ALBERS, RICHARD 427 CRESCENT DR HOLLYWOOD FL	and still applicable. (NOTE: Registre DELETE 1.	ered Agont signature require 13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	d when reinstating)	DATE ERS AND DIRECTO. ☐ Change	RS IN 12	CR2E034 (11/98)
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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 cath; 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE REQUIRED

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90155 032 ***150.00