FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000060064 (1)**

1. Corporation Name
TAM O'SHANTER COIN LAUNDRY, INC.

Principal Place of Business	Mailing Address
1249 S ST RD #7 N LAUDERDALE FL 33068 US [redacted]	~~19805 NE 14TH AVE~~ ~~MIAMI FL 33179~~ 1249 S. St. Rd #7 N. Lauderdale, FL 33068

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/23/1993	02/28/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0434623 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

[redacted] DARLENE Allison
~~19805 NE 14TH AVENUE~~ 1249 S. St. Rd #7
~~MIAMI FL 33179~~ N. Lauderdale, FL 33068

10. Name and Address of New Registered Agent

81 Name: Darlene Allison
82 Street Address (P.O. Box Number is Not Acceptable): 1249 S. St. Rd #7
83
84 City: N. Laud. FL 85 Zip Code: 33068

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: Darlene P. Allison — DATE: 4/19/95
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	P	1.1 TITLE	Darlene Allison - Pres.	☐ Change ☐ Addition
NAME	KING, DARLENE	1.2 NAME		
STREET ADDRESS	19805 NE 14TH AVE	1.3 STREET ADDRESS	1249 S. St. Rd #7	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	N. Lauderdale, FL. 33068	
TITLE	S	2.1 TITLE	Darlene Allison	☒ Change ☐ Addition
NAME	KING, DARLENE	2.2 NAME		
STREET ADDRESS	19805 NE 14TH AVE	2.3 STREET ADDRESS	1249 S. St. Rd #7	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	N. Laud- FL 33068	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Darlene P. Allison Pres. DARLENE ALLISON 4/19/95 (305) 971-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0186062 CP