

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$0.00**

**FILED**  
**Mar 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT STATE <b>Sandra B. Morth</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000060064 (1)**  
 1. Corporation Name  
**TAM O'SHANTER COIN LAUNDRY, INC.**



Principal Place of Business <b>1249 S ST RD #7 N LAUDERDALE FL 33068 US</b>	Mailing Address <b>1249 S. STATE ROAD 7 N. LAUDERDALE FL 33068 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/23/1993</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>65-0434623</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 City	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
25		29		30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**ALLISON, DARLENE**  
**1249 S. STATE ROAD 7**  
**N. LAUDERDALE FL 33068**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the over-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 Allison* DATE: **3/12/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PS</b>	NAME <b>ALLISON, DARLENE</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1249 S. STATE ROAD 7</b>	CITY-ST-ZIP <b>N. LAUDERDALE FL</b>	12 NAME	
		13 STREET ADDRESS	
		14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

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.

SIGNATURE: *Darlene Allison Pres.* DATE: **3/12/98** DAYTIME PHONE: **(954) 971-0110**

CR2E034 (10/97)