

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

FILED
Mar 18 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT STATE Sandra B. Morth Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P93000060064 (1)
 1. Corporation Name
TAM O'SHANTER COIN LAUNDRY, INC.



| | |
|--|--|
| Principal Place of Business 1249 S ST RD #7 N LAUDERDALE FL 33068 US | Mailing Address 1249 S. STATE ROAD 7 N. LAUDERDALE FL 33068 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------|------------------------|-----------------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/23/1993 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number 65-0434623 | Applied For Not Applicable |
| 23 Zip | 24 Country | 28 Zip | 29 City | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 25 | | 29 | | 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
| 24 | | 25 | | 29 | |
| 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 PS | NAME ALLISON, DARLENE | 11 TITLE | Change Addition |
| STREET ADDRESS 1249 S. STATE ROAD 7 | CITY-ST-ZIP N. LAUDERDALE FL | 12 NAME | |
| | | 13 STREET ADDRESS | |
| | | 14 CITY-ST-ZIP | |
| TITLE | NAME | 21 TITLE | Change Addition |
| STREET ADDRESS | CITY-ST-ZIP | 22 NAME | |
| | | 23 STREET ADDRESS | |
| | | 24 CITY-ST-ZIP | |
| TITLE | NAME | 31 TITLE | Change Addition |
| STREET ADDRESS | CITY-ST-ZIP | 32 NAME | |
| | | 33 STREET ADDRESS | |
| | | 34 CITY-ST-ZIP | |
| TITLE | NAME | 41 TITLE | Change Addition |
| STREET ADDRESS | CITY-ST-ZIP | 42 NAME | |
| | | 43 STREET ADDRESS | |
| | | 44 CITY-ST-ZIP | |
| TITLE | NAME | 51 TITLE | Change Addition |
| STREET ADDRESS | CITY-ST-ZIP | 52 NAME | |
| | | 53 STREET ADDRESS | |
| | | 54 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)