FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

199	96	DIVISION OF	CORPORATIONS		
DOCUME 1. Corporation Nam	NT # P950 0	00097867 (2)		
A VILLAGE S	TAMP & COIN, INC.				
7)					BANKA ARAN KATAN MANASA SINA KATAN KATAN
Daniel Black of B		Mailing Address			
Principal Place of Business					
1747 WEST FLETCHER AVENUE TAMPA FL 33612		1747 WEST FLETCHER AVENUE TAMPA FL 33612			
				3. Date Incorporated or Qualified 3	a. Date of Last Report
				12/28/1995	NA
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-3354793	Not Applicable \$8.75 Additional
22 Suite, Apr. #, etc.		27		5. Cert-ficate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trast Fario Goria Gallori	Added to Fees
Zip 24	Country 25	Ζφ 29	Country 30	8. This corporation has liability for inta Florida Statutes Yes	ngible tax under si 199.032, KNo
	Name and Address of Cur		. 1301	10. Name and Address of New Regi	
			81 Name		
BURTON, GL			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
201 E. KENN	iedy blvd.		83		
SUITE 1000 TAMPA FL 33	2602				
IAMEATES	3002		84 City		FL 85 Zip Code
11. Pursuant to the	provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the above named con	poration submits this statement for the purpos loard of directors. Thereby accept the appoint	se of changing its registered office
or registered ag familiar with, ar	gent, or both, in the State of F nd accept the obligations of, S	onda, Such change was author oction 607.0505 Florida Stalute	zed by the corporation's b s.	oard or orectors a hereby accept the appoint	ment as registered agent. Fam
SIGNATURE	ture, typero or printed name of regreened a		The Begistered Agend signature rec	and the second s	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE D	<u> </u>	DELETE	1 1 11114	D England M	Change
	NGEN, EVELYN M		1.2 NAME	Engel, Evelyn M. 1747 W. Flaster Ave FLE	TCHER AVE
	747 W. Flagler ave. Ampa fl 33612		1.3 STREET ADDRESS 1.4 City - S1 - Zip	TAMPA, F1 33612	
CITY-ST-ZIP I		DELETE	2 1 1016	D	Change Addition
NAME H	OWARD, EDWARD		2 2 NAME	HOWARD, EDWARD	
	747 W. FLAGLER AVE.		2.3 STREET ADDRESS	1747 W. FLETCHER AVE	
	AMPA FL 33612	☐ DELETE	2.4 CHY - S* - ZIP	TAMPA FL 33612	Change Addition
TITLE NAME			3 1 TITLE 3 2 NAME		
STREET ADDRESS			3.3 STREFT ADDRESS		
CITY-ST-ZIP		N #A ** * P *****************************	3 4 CITY - 51 - ZIP		
THE		☐ DELETE	4. 1 TITLE		Change Addition
NAME CTREET ADDOCCC			4.2 NAME		
STREET ADDRESS CITY-ST ZIP			4.3 STREET ADORESS 4.4 CITY - ST - ZIF		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY - ST - ZIP 6 1 TITLE		Change Addition
NAME		_ week	6 2 NAME		
STREET ADDRESS			63 STHEET ADDRESS		
CITY-ST-ZIP			6.4 CI*Y - S1 - ZIP		
nodify that the	intogration indicated on the a	ion, introvoct or eurodomontal an	nual raport is true and acc	ify for the exemption stated in Section 119.07 turate and that my signature shall have the sall this report as required by Chapter 607, Florid	me lega! effect as it made under
appears in Blo	<i>[.]</i>	or on an attagrinient with an act	EDWARD HOW		813 962 3880
;					A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 962 3880