


FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90024 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000049555 1. Corporation Name COIN WASH HOLDINGS, INC.					
Principal Place of Business 439 NE 7TH AVE SUITE C FT LAUDERDALE FL 33301 US			Mailing Address 439 NE 7TH AVENUE SUITE C FT LAUDERDALE FL 33301 US		
2. Principal Place of Business 21		2a. Mailing Address 28		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 06/05/1997	
City & State 23		City & State 28		4. FEI Number 65-0762111	
Zip 24		Zip 29		Applied For Not Applicable	
Country 25		Country 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent 81 Name RODRIGUEZ AND ANGLU, P.A. 82 Street Address (P.O. Box Numbers Not Acceptable) RIVERWALK PLAZA, SUITE 4000 83 333 N. NEW RIVER DRIVE EAST 84 City FT. LAUDERDALE FL 85 Zip Code 33301		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE 6-30-99					
12. OFFICERS AND DIRECTORS					
TITLE D <input type="checkbox"/> DELETE NAME HAIG, ALAN STREET ADDRESS 450 E. LAS OLAS BLVD., STE. 800 CITY-ST-ZIP FT. LAUDERDALE FL 33301					
TITLE D <input type="checkbox"/> DELETE NAME LAMBERT, ERIC STREET ADDRESS 450 E. LAS OLAS BLVD., STE. 800 CITY-ST-ZIP FT. LAUDERDALE FL 33301					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)