## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 of DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90015 018 \*\*\*550.00

DOCUMENT # P98000094999

SUNSHINE COIN LAUNDRY, INC.

Principal Place of Business Mailing Address
760 W. SAMPLE ROAD
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064

*	5		15 - 18	*	

DO NOT WRITE IN THIS SPACE

3. Date Incomprated or Qualified

					11/09/1998	, ,				
ž. Principal Pi	lace of Business	2ar Mailing Address	===		-4 FEI Number	Applied For				
21		26				Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be				
23		28			Trust Fund Contribution Added to Fees					
Zip	Country	Zip Cou								
24	25	<b>⊢</b> `	30		Intangible Personal Property.	Yes No				
24	9. Name and Address of Current	11	1201		10. Name and Address of New Registere	d Agent				
			81	Name						
TRAN	i, steven									
760 V	W. SAMPLE ROAD		82	Street Add	t Address (P.O. Box Number is Not Acceptable)					
	PANO BEACH FL 33064		83							
			**							
			84	City FL 85 Zip Code						
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statutes	s, the above	-named corpo	oration submits this statement for the purpose of	changing its registered				
office or	registered agent, or both, in the State and familiar with, and accept the obligation	of Florida. Such change was ai	uthorized by	the corporat	tion's board of directors. I hereby accept the app	ointment as registered				
i	am tamillar with, and accept the obliga	nons or, section 607.0303, Flor	ijiva Statute	<b>.</b>						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered A	Agent signature rec	quired when reinstating) DATE					
12.	OFFICERS AND		13.	-	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12				
TITLE	DP	DELETE	1.1 TITLE			Change Addition				
NAME	PHAM, DUNG		1.2 NAME							
				r Address						
STREET ADDRESS 1220 SW 75TH AVENUE										
CITY-ST-ZIP	N. LAUDERDALE FL 33068		1.4 CITY-S 2.1 TITLE	1-ZIP	-	Change Addition				
	DVST	DELETE	2.2 NAME			Change Addition				
NAME	TRAN, STEVEN			ADDRESS		=				
STREET ADDRESS	1220 SW 75TH AVENUE									
CITY-ST-ZIP	N. LAUDERDALE FL 33068	<del></del>	2.4 CITY-S	T-ZIP						
TITLE		DELETE				Change Addition				
NAME			3.2 NAME	}						
STREET ADDRESS			3.3 STREE	TADDRESS						
CITY-ST-ZIP			3.4 CITY-S	T-ZIP						
TITLE		DELETE	4.1 TITLE	-		Change Addition				
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREE	T ADDRESS						
CITY-ST-ZIP			4.4 CITY-S	T-ZIP						
TITLE		DELETE	5.1 TITLE			Change Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T ADDRESS						
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE	,	DELETE	6.1 TITLE			Change Addition				
NAME		<del></del>	6.2 NAME							
STREET ADDRESS			6.3 STREE	T ADDRESS						
CITY-ST-ZIP			6.4 CITY-S							
14. i hereby ce	ertify that the information supplied with	this filing does not qualify for th	ne exemption	n stated in sec	ction 119.07(3)(i), Florida Statutes. I further certif	y that the information				
indicated of an officer of	on this annual report or supplemental a	annual report is true and accura eiver or trustee empowered to	ate and that	my signature	e shall have the same legal effect as if made un equired by Chapter 607, Florida Statutes; and th	der oath: that I am				

SIGNATURE: What Color of the signature

07-16-99-954-946-5714