

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

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91336 037 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT

**2000** 2001



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P 99000104937**

1. Corporation Name

**EXPRESS COIN CURRENCY INC**

**00054014**

Principal Place of Business

Mailing Address

**3075 NE 6th AVENUE**  
**Font LAUD FL 33334**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11, 30, 1999**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**65-0969683**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐ **\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing-  
Trust Fund Contribution

☐ **\$5.00** May Be  
Added to Fees

24

25

29

30

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Donald Miller**

81 Name

**DON PAUL MILLER**

82

Street Address (P.O. Box Number is Not Acceptable)

**3075 NE 6th AVE**

83

84 City

**Font LAUD**

**FL**

85

Zip Code

**33334**

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 **Donald Miller**

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DD** ☐ DELETE

NAME **DON PAUL MILLER**

STREET ADDRESS **3075 NE 6th AVE**

CITY-ST-ZIP **Font LAUD FL 33334**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE **Donald Miller**

**April 27 2001**