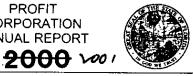
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 17, 2001 8:00 am Secretary of State 05-17-2001 91336 037 ***150.00

EXPRESS COIN CHUNIRY INC						· -12-59 - 3	ţ
,			• .		4 .	0005401	14
Principal Pla	ce of Business	Mailing Address				-	_
t		- 3 5			DO NOT WRITE	IN THIS SPACE	
Font CAUS TR 33334				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
1 , , ,	, , ,			•	11,30,1	999	
Principal Place of Business 2a. Mailing Address		.		4. FEI Number		Applied For	
21		26	26		65.0969683		Not Applicable
 -		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22 27					3. Certificate of Status Desired		Required
City & Sta	ile	·	City & State		6. Election Campaign Financing	\$5.0	00 мау Ве-
Zip	Country		7 Country		Trust Fund Contribution Added to Fees		
24	Country	Zip 29	Country	/	8. This corporation owes the curren	. —	m
24	9. Name and Address of Currer		30		Intangible Personal Property. 10. Name and Address of New Reg	Yes	∐ No
X /	<i>A</i> \		81	Narrhe ,		natored Agent	
DO N. O.	D' RILLED			DON	PAUL MILLER		
	<u> </u>		82	Street Addre	ss (P.O. Box Number is Not Acceptable	a)	
	•		83		We bre are		
				ļ. <u>.</u>			
			84	City on +	LAUSENOOLE	FL 85 Zi	ip Code 233 ¥
11. Pursuan	t to the provisions of sections 607.050	and 607.1508, Florida Statut	es, the above	-named corpora	ation submits this statement for the purp	ose of changing its	registered
office or	registered agent, or both, in the State and familiar with, and accept the collection	of Florida, SDChi change was	authorized by lorida Statutes	the corporation	n's board of directors. I hereby accept t	ne appointment as	registered
SIGNATURE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	111.00	onda otalbic.		· ·		
SIGNATORE	Signature typed or printed name of registered agent	t and title if applicable. (N	OTE: Registered A	gent signature require	ed when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	TORS IN 12
TITLE	DA DIN LIGHT	☐ DELETE	1.1 TITLE			Change	e Addition
NAME	SON DAVLMILLER 3075 NE 6th AVE	•-	1.2 NAME				
STREET ADDRESS	Font uno en pale	Tr 22334	1.3 STREET				
CITY-ST-ZIP TITLE	7 Ch / Carrie Come		1.4 CITY-ST 2.1 TITLE	-ZIP			
NAME		DELETE	2.1 TITLE 2.2 NAME			Change	Addition
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2.3 STREET				
MILE -		DELETE-				Change	Addition
NAME			3.2 NAME			Change	Kromon
STREET ADDRESS			3.3 STREET	ADDRESS	•		
CITY-ST-ZIP			3.4 CITY-ST-	-ZIP			
TITLE		DELETE	4,1 TITLE			Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-	ZIP	· .		
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME -			5.2 NAME		•	•	
STREET ADDRESS		÷ *	5.3 STREET	ADDRESS			
TITLE TITLE			5.4 CITY-ST-	ZIP		•	
IAME		L_ DELETE	6.1 TITLE		. :	☐ Change	Addition
TREET ADDRESS		•	6.2 NAME	ADDRESS .	· · · · · ·		•
CITY-ST-ZIP	•		6 3 STREET A	,			-
4. I hereby ce	rtify that the information streolied with t	his filing does not qualify for the	6.4 CITY-ST-	stated in section	n 119 07/3)(i) Florida Statutae I fuebos	cortify that the infe	rmation
14. I hereby ce indicated o an officer o		imual repert is/true and accui	he exemption	stated in section	n 119.07(3)(i), Florida Statutes. I further nall have the same legal effect as if ma red by Chapter 607, Florida Statutes; a		