

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jul 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S34900** (8)
1. Corporation Name
M & M BROWARD COIN CORPORATION

Principal Place of Business
**3990 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309**

Mailing Address
**3990 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309-5240**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/27/1991		3a. Date of Last Report 04/30/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0244372		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**TRICK, WILLIAM WATSON JR.
680 SOUTH FEDERAL HIGHWAY
THIRD FLOOR
POMPANO BEACH FL 33062**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCLANE, JOHN			1.2 NAME			
STREET ADDRESS	3990 N. ANDREWS AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCLANE, WILLIAM			2.2 NAME	VSTD MCLANE, WILLIAM		
STREET ADDRESS	3990 N. ANDREWS AVENUE			2.3 STREET ADDRESS	3990 N. Andrews Avenue		
CITY-ST-ZIP	FORT LAUDERDALE FL			2.4 CITY-ST-ZIP	Fort Lauderdale FL		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCLANE, WOODROW P.			3.2 NAME			
STREET ADDRESS	3990 N. ANDREWS AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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, unchanged, on an initial filing address.

SIGNATURE

John M. McLane

7-10-97

305-566-5527

CR2E034 (9/96)