

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

**FILED**  
**Feb 07 1997 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 391194 (8)**

1. Corporation Name  
**GENERAL VENDING SERVICE, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>4131 S.W. 47TH AVE..STE.1408<br/>                 FT. LAUDERDALE FL 33314</b> | Mailing Address<br><b>4131 S.W. 47TH AVE..STE.1408<br/>                 FT. LAUDERDALE FL 33314-4036</b> |
|---|--|

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>11/11/1971</b>   | 3a. Date of Last Report<br><b>02/26/1996</b> |
| 4. FEI Number<br><b>59-1368659</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**VOVA, PHILIP S.  
 1101 BRICKELL AVE. #900 BIV TWR  
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

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 607.3508, 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 understand the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* Signed in error.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>T</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>CASSORLA, ESTHER</b>       |                                 |
| STREET ADDRESS | <b>4131 SW 47 AVE., #1408</b> |                                 |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL</b>      |                                 |
| TITLE          | <b>PD</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>CASSORLA, JEFFREY</b>      |                                 |
| STREET ADDRESS | <b>4131 SW 47 AVE., #1408</b> |                                 |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL</b>      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                             |  |
|--------------------|-----------------------------|--|
| 1.1 TITLE          | <b>Treasurer + Director</b> | <input checked="" 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    |                             |  |

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **1/31/97** **954-583-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)