

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

FILED

**Apr 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 674774 (5)

1. Corporation Name
ABC DISPENSING TECHNOLOGIES, INC.



Principal Place of Business 451 KENNEDY ROAD AKRON OH 44305	Mailing Address 451 KENNEDY ROAD AKRON OH 44305
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DO NOT WRITE IN THIS SPACE

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
25	30

3. Date Incorporated or Qualified 06/25/1980	
4. FEI Number 59-2001203	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BERGERON, LOUIS H
12010 FRUITWOOD DRIVE
RIVERVIEW FL 33569**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 **CHARLES M. STIMAC, JR. PRESIDENT / CEO** DATE **3/30/98**

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	STIMAC, CHARLES M JR	1.2 NAME	FRANK E. VAUGHN
STREET ADDRESS	451 KENNEDY RD.	1.3 STREET ADDRESS	470-11 BENT CREEK OVAL
CITY-ST-ZIP	AKRON OH	1.4 CITY-ST-ZIP	AURORA, OHIO 44202
TITLE	T	2.1 TITLE	D
NAME	SALHANY, GARY T.	2.2 NAME	WILLIAM L. SHANKLIN
STREET ADDRESS	451 KENNEDY RD.	2.3 STREET ADDRESS	1921 BASSWOOD DRIVE
CITY-ST-ZIP	AKRON OH	2.4 CITY-ST-ZIP	KENT, OHIO 44240
TITLE	S	3.1 TITLE	S
NAME	LENER, BILL	3.2 NAME	LEG A. ALBANOSE
STREET ADDRESS	451 KENNEDY RD	3.3 STREET ADDRESS	ST. JOHN & WAYNE
CITY-ST-ZIP	AKRON OH	3.4 CITY-ST-ZIP	TWO PENN PLAZA EAST NEWARK, NJ 07105
TITLE	D	4.1 TITLE	D
NAME	MICHAELS, C. RANDY	4.2 NAME	NORBERT J. LEWANDOWSKI
STREET ADDRESS	451 KENNEDY ROAD	4.3 STREET ADDRESS	3637 MEDINA ROAD, SUITE 350
CITY-ST-ZIP	AKRON OH	4.4 CITY-ST-ZIP	MEDINA OH 44256
TITLE	D	5.1 TITLE	
NAME	LUXENBURG, HERBERT L.	5.2 NAME	
STREET ADDRESS	451 KENNEDY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRANK E. VAUGHN	
1.3 STREET ADDRESS	470-11 BENT CREEK OVAL	
1.4 CITY-ST-ZIP	AURORA, OHIO 44202	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILLIAM L. SHANKLIN	
2.3 STREET ADDRESS	1921 BASSWOOD DRIVE	
2.4 CITY-ST-ZIP	KENT, OHIO 44240	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEG A. ALBANOSE	
3.3 STREET ADDRESS	ST. JOHN & WAYNE	
3.4 CITY-ST-ZIP	TWO PENN PLAZA EAST NEWARK, NJ 07105	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NORBERT J. LEWANDOWSKI	
4.3 STREET ADDRESS	3637 MEDINA ROAD, SUITE 350	
4.4 CITY-ST-ZIP	MEDINA OH 44256	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Charles M. Stimac, Jr.** DATE: **3/30/98** ID: **330 7332941**

CR2E034 (10/97)