

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007200 (8)

1. Corporation Name
SOUTH VENDING, INC.

Principal Place of Business
**2805 N. STATE RD. 7
HOLLYWOOD FL 33021**

Mailing Address
**2805 N. STATE RD. 7
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/24/1992

3a. Date of Last Report
03/04/1994

4. FEI Number
65-0359200

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**LEWIN, CURT
2805 NORTH STATE ROAD 7
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip Code

FL

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 (see title 1 applicable)

(NOTE: Registered Agent signature required when re-registering)

DAN

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	LEWIN, CURT	2805 NORTH STATE ROAD 7	HOLLYWOOD FL 33021					
PD	FEDERICI, SONDR	2805 N. ST. RD. 7	HOLLYWOOD FL					
								<input type="checkbox"/> Change <input type="checkbox"/> Addition
								<input type="checkbox"/> Change <input type="checkbox"/> Addition
								<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

Sandra Federici

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95

205.983.0506

DATE (Month/Day/Year) TELEPHONE NUMBER