

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 12: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000403 (3)

1. Corporation Name

CELLARS VENDING MACHINES CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

Mailing Address

1575 AVIATION PARKWAY
SUITE 505
DAYTONA BEACH FL 32114

1575 AVIATION PARKWAY
SUITE 505
DAYTONA BEACH FL 32114

3. Date Incorporated or Qualified

3a. Date of Last Report

01/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

57-3217748

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**BARRIOS, MANUEL G
1575 AVIATION CENTER PARKWAY
SUITE 505
DAYTONA BEACH FL 32114**

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 title if applicable

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRIOS, MANUEL A	12 NAME	
STREET ADDRESS	268 BRAEBURN CIRCLE	13 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	14 CITY - ST - ZIP	
TITLE	DST	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRIOS, MANUEL G	22 NAME	
STREET ADDRESS	3549-C FOREST BRANCH DR.	23 STREET ADDRESS	
CITY - ST - ZIP	PORT ORANGE FL 32119	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 110 D(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 only in attachment with an address.

SIGNATURE:

MANUEL G BARRIOS

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

DST

4/26/95

(904) 238-7445