

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000000403 (3)**

1. Corporation Name

CELLARS VENDING MACHINES CORP.



Principal Place of Business

**1575 AVIATION PARKWAY
SUITE 505
DAYTONA BEACH FL 32114**

Mailing Address

**1575 AVIATION PARKWAY
SUITE 505
DAYTONA BEACH FL 32114**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

05/01/1995

4. FLI Number

59-3217748

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

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 607.1508, 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 of the person who filed this report with the Department of State

Signature of the person who filed this report with the Department of State

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	DELETE
TITLE NAME STREET ADDRESS CITY, ST, ZIP DP BARRIOS, MANUEL A 268 BRAEBURN CIRCLE DAYTONA BEACH FL 32114	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY, ST, ZIP DST BARRIOS, MANUEL G 3549-C FOREST BRANCH DR. PORT ORANGE FL 32119	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Change	Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP DIRECTOR, VICE-PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY, ST, ZIP SECRETARY/TREASURER LINDA M. BARRIOS 3549-C FOREST BRANCH DRIVE PORT ORANGE, FL 32119	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 supplement 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE-PRESIDENT

3/11/96

(904) 238-7445

CR2E034 (12/95)