


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

FILED

**Sep 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/01/1994	3a. Date of Last Report 03/18/1996
4. FEI Number 59-3217748	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BARRIOS, MANUEL G
1575 AVIATION CENTER PARKWAY
SUITE 505
DAYTONA BEACH FL 32114**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARRIOS, MANUEL A.	
1.3 STREET ADDRESS	268 BRAEBURN CIRCLE	
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARRIOS, MANUEL G.	
2.3 STREET ADDRESS	114 FIESTA CIRCLE	
2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BARRIOS, LINDA M.	
3.3 STREET ADDRESS	114 FIESTA CIRCLE	
3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: **MANUEL A. BARRIOS** September 10, 1997 904-238-7445

CR2E034 (4/97)