03-08-1999 90068 028 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400000403

1. Corporation Name

CELLARS VENDING MACHINES CORP.

Principal Place of Business Mailing Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1575 AVIATION PARKWAY 1575 AVIATION PARKWAY										
SUITE 505 DAYTONA BEACH FL 32114			Suite 505 Daytona	SUITE 505 DAYTONA BEACH FL 32114			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 01/01/1994			
2. Principal P	lace of Busin		2a. Mailin	Address			4. FEI Number		Ar	plied For
21			<u> </u>	26			59-3217748		No	t Applicable
Suite, Apt.	#, etc.		Suite,	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional -
City & Stat	e			City & State			6. Election Campaign Financing	_	\$5.00	May Be
23			28				Trust Fund Contribution Added to Fees			
Zip		Country	Zip	Zip Country			8. This corporation owes the current year Intangible			
24		25	29	30	<u> </u>		Personal Property Tax.		X Yes	□No
	9. Name	and Address of Cu	rrent Registered A	gent		· · 	10. Name and Address of New I	Registered A	gent	
DAD	DIOC MANI	IEI C			81	Name				
	RIOS, MANI 5 AVIATION	CENTER PARKW	ΑY			Street Add	ss (P.O. Box Number is Not Acceptable)			
	E 505				83			•		
DAY	TONA BEAU	CH FL 32114			84	City			85 Zip (Code
						-		FL		
office or r	egistered age	ons of Sections 607 ant, or both, in the S th, and accept the o	itate of Florida. Suci	n change was autho	onzed by	tne corporati	poration submits this statement for the on's board of directors. I hereby accept	ж шө аррош	tment as re	gistered
GIGHTTOTE	Signature, typed	or printed name of registere	d agent and title if applicab	e. (NOTE: Rec	gistered Ager	nt signature require	ed when reinstating)	DATE		
12.		OFFICER	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	DVP			☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME		MANUEL A			1.2 NAME					
STREET ADDRESS				1.3 S		FADDRESS				
CITY-ST-ZIP		BEACH FL			1.4 CITY-S	T-ZIP				
TITLE	DP			☐ DELETE	2.1 TITLE				Change	Addition
NAME		MANUEL G			2.2 NAME					ļ
STREET ADDRESS	114 FIEST				2.3 STREE	T ADDRESS				ł
CITY-ST-ZIP		BEACH FL			2. 4 CITY-S	ST-ZIP				
TITLE	ST			DELETE	3.1 TITLE	•			Change	☐ Addition
NAME	BARRIOS,				32 NAME					
STREET ADDRESS	114 FIEST				3.3 STREE	T ADDRESS				
CITY-ST-ZIP	ORMOND	BEACH FL			3.4. CITY- S	ST-ZIP				
TITLE				☐ DELETE	4.1 TITLE				Change	Addition
NAME					4 2 NAME					
STREET ADDRESS					4 3 STREET	T ADDRESS				}
CITY-ST-ZIP					4.4 CITY-S	T-ZIP				F 4 4 4 90 -
TITLE				☐ DELETE	5.1 TITLE				Change	Addition
NAME					52 NAME					ĺ
STREET ADDRESS					5.3 STREET	ADDRESS				
CITY-ST-ZIP					5.4 CITY-S	T-ZIP				
TITLE				☐ DELETE	61 TITLE				☐ Change	☐ Addition
NAME					6.2 NAME]
STREET ADDRESS	l				6.3 STREE	ADDRESS				

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 chapter on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP