

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY - 1 AM 8:50

DOCUMENT # P94000040580 (0)

1. Corporation Name

VENDING REPAIR SPECIALISTS, INC.

Principal Place of Business

Mailing Address

1650 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

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FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/25/1994** 3a. Date of Last Report

4. FEI Number **65-0527619** 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**

7. This corporation has liability for intangible tax under ss. 118.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **1466 N.W. 23 AVE** 26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **FT. LAUDERDALE FL** 27

City & State

City & State

23 **33311 DAWSON** 28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ITZKOWITZ, JULIAN
1650 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

81 Name **RUBEN YANOUSKY**
82 Street Address (P.O. Box Number is Not Acceptable) **16330 N.E. 2nd AVE**
83 **MIAMI BEACH FL 33162**
84 City **MIAMI BEACH** FL 85 Zip Code **FL 33162**

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 Ruben Yanousky
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 **D**
NAME **ITZKOWITZ, JULIAN**
STREET ADDRESS **8351 NW 74 ST.**
CITY-ST-ZIP **TAMARAC FL 33321**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PRES**
NAME **RUBEN YANOUSKY**
STREET ADDRESS **16330 N.E. 2nd AVE**
CITY-ST-ZIP **MIAMI BEACH FL 33162**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VP**
NAME **BILL LEMKE**
STREET ADDRESS **819 S 28th**
CITY-ST-ZIP **Hollywood**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **1st Sec**
NAME **ELLIOT VALENTIN**
STREET ADDRESS **1320 N.W. 182ST**
CITY-ST-ZIP **MIAMI FLA. 33316**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

REMITTED BY MAY 1

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), 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: William Lemke Vice Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 735-1429