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

**PROFIT CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

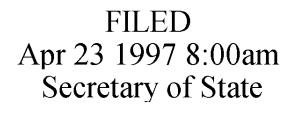
## DOCUMENT # P9400057269 (0)

H & K VENDING, INC.

Principal	Place	of	Business
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Mailing Address

5770 ROOSEVELT BLVD





SUITE 500 CLEARWATER (		SUITE	E 500 RWATER FL 34820				3. Date Incorporated or Qualified			st Report	
							08/01/1994	04/2	23/199	6	
	Principal Place of Business 2a. Mailing Address									Applied For	
	91 SR 580	26 3691 SR 580			59-3265063						
	Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State City & State						6. Election Campaign Financing \$5.00 May Be					
23 OLDSMAR FL		28 OLDSINAK, FL.			suntry		Trust Fund Contribution	Ш			
Zip 24 <i>3 4</i> 1		29	ъ 34677	30	ntry			Yes [	] No	er s. 199.032,	
	g, Name and Address of Curre	nt Register	red Agent			1	10. Name and Address of New Re	gistered A	gent		
	nson, Keith R.				81	Name					
	ROOSEVELT BLVD. #500				82	Street A	ddress (P.O. Box Number is Not Acceptab	ole)			
	ARWATER FL 34620			ł	83						
				}	84	City			Top :	Zip Code	
					04	City		FL	85 2	zip Code	
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida.	. Such change wa	s authorized	ibν	z the coro	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of at the appo	changir bintment	ng its registered t as registered	
SIGNATURE	Signature, typed or printed name of registered ag	jent and twe if a	gyphabie (N	OTE Flogistered	 1 Ago	ent signature r	equired when reinstating)	DATE			
12.	OFFICERS AN	ND DIRECTO		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	D IAI NAAN KETTI OO		L DELETE	1.1 111					Chan	nge L. Addition	
NAME	JOHNSON KEITH RE			1.2 NA							
STREET ADDRESS	2575 ULMERTON ROAD #302	2				ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		DEFETE			ST-ZIP			Chan	age	
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NAME OTRECT ADORESE				2.2 NA		ADDOCCC	•				
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			☐ DELETE	2. 4 U		ST-ZIP			Chan	nge Addition	
NAME				3.2 NA							
STREET ADDRESS				1		ADDRESS					
CITY-ST-ZIP				1		ST-ZIP					
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NAME				4 2 N	AME						
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TITLE			☐ DELETE	5.1 TI	l F				☐ Chan	nge Addition	
NAME				5.2 N/	ME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP						ST - ZIP					
TITLE			☐ DELETE	6.1 TI					☐ Chan	nge Addition	
NAME				6.2 N/	ME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP						ST-ZIP					
	nu portify that the information numbi	ad with thic	filing door not au			<del></del>	ated in Section 119 07/3)(i). Florida Statute	c. I further	norlify	that the	

I oo nereby 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 chapted, or on an attachment with an address.