

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

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97 MAY -2 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 1. Corporation Name
P96000079275
Continental Vending Company, Inc

Principal Place of Business Mailing Address
P.O. Box 1504
Miami, FL 33144

2. Principal Place of Business 2a. Mailing Address
21 4500 N. St. Rd 7 25 4500 N. STATE Rd 7
22 #302 27 #302
23 Lauderdale LAKES, FL 28 Lauderdale LAKES, FL
24 33319 29 USA 30 USA

3. Date Incorporated or Qualified 9-24-96 3a. Date of Last Report
4. FLI Number 65-0698350
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 s. 199.03, Florida Statutes Yes No

8. Name and Address of Current Registered Agent
Mitchell, Bob
4500 N. State Rd. 7
Lauderdale Lakes, FL 33319

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 _____ DATE _____
Signature of Registered Agent and Director: Mitchell, Bob

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: Mitchell, Bob	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: 4500 N STATE RD 7		13.2 NAME	
12.3 CITY-ST-ZIP: Lauderdale LAKES, FL 33319		13.3 STREET ADDRESS	000002163710--
12.4 NAME: SANDS, TERRY	<input type="checkbox"/> DELETE	13.4 CITY-ST-ZIP	-05/02/97--01079--019
12.5 STREET ADDRESS: 4500 N. STATE RD 7		13.5 TITLE	***165.00*** <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 CITY-ST-ZIP: LAUDERDALE LAKES, FL 33319		13.6 NAME	
12.7 NAME	<input type="checkbox"/> DELETE	13.7 STREET ADDRESS	
12.8 STREET ADDRESS		13.8 CITY-ST-ZIP	
12.9 CITY-ST-ZIP		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	<input type="checkbox"/> DELETE	13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY-ST-ZIP		13.12 CITY-ST-ZIP	
12.13 NAME	<input type="checkbox"/> DELETE	13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY-ST-ZIP		13.15 STREET ADDRESS	
12.16 NAME	<input type="checkbox"/> DELETE	13.16 CITY-ST-ZIP	
12.17 STREET ADDRESS		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 CITY-ST-ZIP		13.18 NAME	
12.19 NAME	<input type="checkbox"/> DELETE	13.19 STREET ADDRESS	
12.20 STREET ADDRESS		13.20 CITY-ST-ZIP	
12.21 CITY-ST-ZIP		13.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME	<input type="checkbox"/> DELETE	13.22 NAME	
12.23 STREET ADDRESS		13.23 STREET ADDRESS	
12.24 CITY-ST-ZIP		13.24 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)(c), 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 I were a director. 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 my name appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE: Bob Mitchell 4-30-97 954-7391797
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

RECEIVED (5/2)