


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

FILED

Jan 27 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 259810 (0) 1. Corporation Name RELIABLE VENDING SERVICE, INC. | | | | | |
| Principal Place of Business 5511 5TH AVE STOCK ISLAND KEY WEST FL 33040 | | | Mailing Address 5511 5TH AVE STOCK ISLAND KEY WEST FL 33040 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | | 3. Date Incorporated or Qualified 06/08/1962 3a. Date of Last Report 01/22/1996 4. FEI Number 58-0975830 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent ALBURY, JOSEPH M. 1115 CATHERINE ST. KEY WEST FL 33040 | | | 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: <i>Joseph M. Albury</i> VP/D 1/08/97 (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE VD <input type="checkbox"/> DELETE NAME ALBURY, JOSEPH M STREET ADDRESS 1115 CATHERINE ST CITY-ST-ZIP KEY WEST, FL 00000 | | | 1.1 TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Albury, Joseph M. 1.3 STREET ADDRESS 1115 Catherine St. 1.4 CITY-ST-ZIP Key West, FL 33040 | | |
| TITLE PD <input type="checkbox"/> DELETE NAME ALBURY, WILLIAM V STREET ADDRESS 1400 7TH ST CITY-ST-ZIP KEY WEST, FL 00000 | | | 2.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME William V. Albury 2.3 STREET ADDRESS 1400 7th St. 2.4 CITY-ST-ZIP Key West, FL 33040 | | |
| TITLE STD <input type="checkbox"/> DELETE NAME ALBURY, WILLIAM J STREET ADDRESS 2737 HARRIS AVE. CITY-ST-ZIP KEY WEST, FL 00000 | | | 3.1 TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Albury, William J. 3.3 STREET ADDRESS 2737 Harris Ave. 3.4 CITY-ST-ZIP Key West, FL 33040 | | |
| TITLE PD <input type="checkbox"/> DELETE NAME ALBURY, MARY F STREET ADDRESS 1400 7TH ST CITY-ST-ZIP KEY WEST, FL 00000 | | | 4.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME Albury, Mary F. 4.3 STREET ADDRESS 1400 7th St. 4.4 CITY-ST-ZIP Key West, FL 33040 | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 6.1 TITLE 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: <i>Joseph M. Albury</i> 1/08/97 (305) 296-2488 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |



CR2E034 (9/96)