CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUN 12 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # 309641 CHARTER NO.

1. Corporation Name
ALL CAN VENDORS INC

Principal Place of Business	Mailing Address
ALL CAN VENDORS INC INACTIVE SINCE SEPT, 1994	4616 ARTHUR ST HOLLYWOOD FLORIDA 33021-4712

3. Date Incorporated or Qualified: OCT 5 1966
3a. Date of Last Report: 1994

2. Principal Place of Business	2a. Mailing Address
21 4616 ARTHUR ST	26 4616 ARTHUR ST
Suite, Apt. #, etc 22 HOLLYWOOD FL	Suite, Apt. #, etc 27
City & State 23	City & State 28 HOLLYWOOD, FL.
Zip 24 33021 County 25 BROWARD	Zip 29 33021 County 30 BROWARD

4. FEI Number: 59-1149957 ☐ 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
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ELOISE MANGONE 4616 ARTHUR ST HOLLYWOOD, FL, 33021-4712	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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRES NAME STREET ADDRESS CITY-ST-ZIP	ELOISE MANGONE 4616 ARTHUR ST HOLLYWOOD FL 33021	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE TREAS NAME STREET ADDRESS CITY-ST ZIP	ELOISE MANGONE 4616 ARTHUR ST HOLLYWOOD, FL 33021	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE V.P. NAME STREET ADDRESS CITY-ST ZIP	JOEL MANGONE 4616 ARTHUR ST HOLLYWOOD FL 33021	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST-ZIP	☐ Change ☐ Addition
TITLE DIRECTOR NAME STREET ADDRESS CITY ST ZIP	ELOISE MANGONE 4616 ARTHUR ST HOLLYWOOD, FLA 33021	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition 6/12/95 NB
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Eloise Mangone May 17 1995 (305) 981-8068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #