

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 513175 (0)

1. Corporation Name
VENDCO, INC.



Principal Place of Business: 3601 BRIDGE RD. COOPER CITY FL 33026
Mailing Address: 3601 BRIDGE RD. COOPER CITY FL 33026

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt., etc.	26. Suite, Apt., etc.	08/25/1976	04/13/1995
22. City & State	27. City & State	4. FEI Number	Applied For / Not Applicable
23. Zip	28. Zip	59-1687066	5. Certificate of Status Desired <input type="checkbox"/>
24. Country	29. Country		\$8.75 Additional Fee Required
	30. Country		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. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

g. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRAVERMAN, EDWARD 3601 BRIDGE RD. COOPER CITY, FL 33026	B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. NAME	<input type="checkbox"/> DELETE	13. 1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. BRAVERMAN, EDWARD		12. NAME	
2. 3601 BRIDGE ROAD		13. STREET ADDRESS	
3. COOPER CITY, FL 00000		14. CITY, ST, ZIP	
	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY, ST, ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY, ST, ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY, ST, ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY, ST, ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY, ST, ZIP	

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)(k), 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: Edward Braverman DATE: 2/12/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: EDWARD BRAVERMAN DATE: (954) 431-5304

CR2E034 (12/95)