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

**PROFIT** CORPORATION ANNUAL REPORT



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

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DOCUMENT #

F51804

(5)

ELECTRONIC VENDING, INC.

Country

9. Name and Address of Current Registered Agent

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Principal	Place o	of Busin	ess

Mailing Address

2a. Mailing Address

City & State

Zφ

Suite, Apt. #. etc.

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1410 ENKA WAY ORLANDO FL 32818

2. Principal Place of Business

SMITH, VICTORIA L.

1410 ENKA WAY ORLANDO FL 32818

Suite, Apt. #, etc.

City & State

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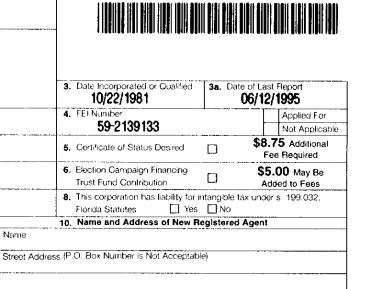
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1410 ENKA WAY ORLANDO FL 32818



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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. Thereby accept the appointment as registered agent. I amfamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

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Signature types for picted han is of regentate Lagard and the many feat in the pict.  12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	☐ DELETE	1 1 TITLE	7.0.011101107017111020 10 1	Change	Addition
NAME	LANE, ROBERT M.		1.2 NAME			
STREET ADDRESS	1417 CANDLER AVE		1.3 STREET ADORESS			
CITY - ST - ZIP	ORLANDO, FL 00000		1.4 CiTY-ST-ZIP			
ITLE	PST	☐ DELETE	2 1 Total E		Change	Addition
IAME	SMITH, VICTORIA L.		2.2 NAME		<del>-</del> .	
TREET ADDRESS	1410 ENKA WAY		2 3 STREET ADDRESS			
CITY+ST-ZPP	ORLANDO, FL 00000		2.4.0HY-S1-74P			
ITLE		DELETE	3 1 TIFLE		Change	Addition
IAME			3 2 NAME			
TREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 C(LY+S1+Z)P			
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IAME			4.2 NAME			
TREET ADDRESS			4.3 STREET ADDRESS			
PTY-ST-ZIP			4.4 CITY ST-ZIP			
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AME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIF			6.4 CITY - ST - 7/P			

14. I do hereby certify that the information supplied with this fing 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 this 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:

CR2E034 (12/95)