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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800006766

1. Corporation Name

B	lG	HME	VENDING,	UHLANDU,	INC.	

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90091 034 ***150.00

Principal Place	ce of Business	Mailing Address			i cancen eren idift chen anter anter matti pares of		****** **** 1881
7605 PISSARRO	DRIVE #304	7605 PISSARRO DRIVE #30)4				
ORLANDO FL 3	2819	ORLANDO FL 32819			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	JFAUL_	
					12/11/1998	•	l
2 Daine simel (Disco of Discipance	2a. Mailing Address			12/11/1990 4. FEI Number		pplied For
	Place of Business	<u>⊢</u> ¬			-9-3534283	<u> </u>	ot Applicable
Suite, Apt	# ata	Suite, Apt. #, etc.			5125000		Additional
$\overline{}$. #, etc.	- ¬ ''			5. Certifcate of Status Desired		Required
City & Sta	to -	27 City & State			8. Election Campaign Financing)-May-Be
<u></u>		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Соц	ntrv	8. This corporation owes the current year Int		
· ·	25	29	30	,	Personal Property Tax.	Yes	□No -
24	9. Name and Address of Curren		1301		10. Name and Address of New Registered	Agent	
	V. Hallie and Hadroop of Carrell	*		81 Name			
HES	s, Julia						
	PISSARRO DRIVE #304			82 Street A	ddress (P.O. Box Number is Not Acceptable)		
	ANDO FL 32819			83			
i				84 City	FL	85 Zip	Code
		0 1007 4500 Ft. ide Otto					e registered
office or	registered agent, or both, in the State	of Florida. Such change was a	authonzed	l by the corpor	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoi	ntment as r	egistered
agent. I	am familiar with, and accept the obligat	tions of, Section 607.0505, Fl	orida Statı	utes.			
SIGNATURE	i	ANOT	E. D	A	quired when reinstating) DATE		
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	Agent signature rec	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
TITLE	ICP OF IOLING AIV	□ DELETE	1.1 177	n	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
}	TOMASSI, STEPHEN					Change	Addition
NAME	TOMASSI, STEFFIEN	□ percie	12 NZ	1		Change	Addition
STREET ADDRESS	400 EACT ANDDEW AVE	Deterie	1.2 NA	ME		∐ Change	Addition
CITY-ST-ZIP	1	DELETIC	1.3 ST	TREET ADDRESS		Change	L Addition
	WILDWOOD NJ 08260		1.3 ST 1.4 CI	TY-ST-ZIP			
TITLE	WILDWOOD NJ 08260 VV	☐ ØELETE	1.3 ST 1.4 CF 2.1 TF	REET ADDRESS TY-ST-ZIP		Change	
TITLE NAME	WILDWOOD NJ 08260 VV PAWLUS, FABIO		1.3 ST 1.4 CF 2.1 TH 2.2 NA	REET ADDRESS TY-ST-ZIP ` TLE			
TITLE NAME	WILDWOOD NJ 08260 VV PAWLUS, FABIO s 5204 ARCTIC AVE.		1.3 ST 1.4 Cr 2.1 Tr 2.2 N/ 2.3 ST	TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILDWOOD NJ 08260 VV PAWLUS, FABIO s 5204 ARCTIC AVE. WILDWOOD NJ 08260	□ ØELETE	1.3 ST 1.4 C/ 2.1 TT 2.2 N/ 2.3 ST 2.4 C	TREET ADDRESS TY-ST-ZIP TLE THE TREET ADDRESS TY-ST-ZIP		. Change	☐ Addition
TITLE NAME STREET ADDRESS	WILDWOOD NJ 08260 VV PAWLUS, FABIO s 5204 ARCTIC AVE. WILDWOOD NJ 08260 DS		1.3 ST 1.4 CF 2.1 TF 2.2 N/ 2.3 ST 2.4 C 3.1 TF	ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TTY-ST-ZIP TLE			☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WILDWOOD NJ 08260 VV PAWLUS, FABIO s 5204 ARCTIC AVE. WILDWOOD NJ 08260 DS PAWLUS, CLAUDIO	☐ DELETE	1.3 ST 1.4 C/ 2.1 TT 2.2 N/ 2.3 ST 2.4 C	ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TTY-ST-ZIP TLE	,	. Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WILDWOOD NJ 08260 VV PAWLUS, FABIO s 5204 ARCTIC AVE. WILDWOOD NJ 08260 DS PAWLUS, CLAUDIO s 118 E. FORGET ME NOT ROAD	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA	ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TTY-ST-ZIP TLE		. Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WILDWOOD NJ 08260 VV PAWLUS, FABIO s 5204 ARCTIC AVE. WILDWOOD NJ 08260 DS PAWLUS, CLAUDIO	☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 ST 3.4 C	ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TTY-ST-ZIP TLE ME REET ADDRESS TTY-ST-ZIP		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WILDWOOD NJ 08260 VV PAWLUS, FABIO s 5204 ARCTIC AVE. WILDWOOD NJ 08260 DS PAWLUS, CLAUDIO s 118 E. FORGET ME NOT ROAD WILDWOOD NJ 08260 TD	☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 ST 3.4 C	ME REET ADDRESS ITY-ST-ZIP ME REET ADDRESS ITY-ST-ZIP ILE ME REET ADDRESS ITY-ST-ZIP ILE REET ADDRESS		. Change	Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WILDWOOD NJ 08260 VV PAWLUS, FABIO s 5204 ARCTIC AVE. WILDWOOD NJ 08260 DS PAWLUS, CLAUDIO s 118 E. FORGET ME NOT ROAD WILDWOOD NJ 08260 TD HESS, RAYMOND	☐ DELETE	1.3 ST 1.4 CI 2.1 TI 22 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4 C 4.1 TI 4.2 N/ 4.3 ST	ME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE AME		☐ Change	Addition Addition
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CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: