

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H49711** (5)

1. Corporation Name

QRS VENDING, INC.



Principal Place of Business

**6397 NW 24 COURT
MARGATE FL 33063**

Mailing Address

**6397 NW 24 COURT
MARGATE FL 33063**

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

**MUPO, JOSEPH V.
6397 NW 24 COURT
MARGATE FL 33063**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

03/29/1985

3a. Date of Last Report

05/01/1995

4. FET Number

59-2531800

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 s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

Signature of the person named as registered agent or Secretary

Signature of the person named as registered agent or Secretary

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

P

**MUPO, JOSEPH V.
6397 NW 24 COURT
MARGATE FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

ST

**POGUE, NANCY C.
6397 NW 24 COURT
MARGATE FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

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13.

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

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☐ 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)(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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH V MUPO

3/21/96

954/979-2850

CR2E034 (12/95)