

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
\*Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Oct 05 1998 8:00am  
Secretary of State

DOCUMENT # J26342

(2)

1. Corporation Name

GHALTCHI VENDING COMPANY



Principal Place of Business

5030 NW 109TH AVE  
SUITE A  
SUNRISE FL 33351  
US

Mailing Address

5030 NW 109TH AVE  
SUITE A  
SUNRISE FL 33351  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1986

4. FEI Number

59-2727891

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21 3350 ENTERPRISE AVE

Suite, Apt. #, etc.

22 # 120

City & State

23 WESTON FL

Zip

24 33331

Country

25 BROWARD

2a. Mailing Address

26 3350 ENTERPRISE AVE

Suite, Apt. #, etc.

27 # 120

City & State

28 WESTON FL

Zip

29 33331

Country

30 BROWARD

9. Name and Address of Current Registered Agent

GHALTCHI, HEIDI  
10501 N.W. 50TH ST., BAY 111  
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

GHALTCHI, HEIDI

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

3350 ENTERPRISE AVE

83

SUITE 120

84 City

WESTON

FL

85 Zip Code

33331

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

*Heidi Ghaltchi*

HEIDI GHALTCHI

PRESIDENT

7/1/98

Signature of person changing registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GHALTCHI, HEIDI  
STREET ADDRESS 5030 NW 109TH AVE SUITE A  
CITY-ST-ZIP SUNRISE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME GHALTCHI, HEIDI  
1.3 STREET ADDRESS 3350 ENTERPRISE AVE SUITE 120  
1.4 CITY-ST-ZIP WESTON FL 33331

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME 600002661116  
3.3 STREET ADDRESS -10/12/98--01004--029  
3.4 CITY-ST-ZIP \*\*\*400.00

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 600002661116  
4.3 STREET ADDRESS -10/12/98--01004--030  
4.4 CITY-ST-ZIP \*\*\*158.75

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE

*Heidi Ghaltchi*

HEIDI GHALTCHI

7/1/98

(954) 385-1995

CR2E034 (5/98)