

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

AMENDED PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 13 AM 10:38

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/13/1987

4. FEI Number
59-2817624

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

DOCUMENT # J62565

1. Corporation Name
TWIN VENDING, INC.

Principal Place of Business
9720 PINES BLVD.
PEMBROKE PINES FL 33024
US

Mailing Address
9720 PINES BLVD.
PEMBROKE PINES FL 33024
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

30

9. Name and Address of Current Registered Agent

NORDSTROM, VIOLA
573 N UNIVERSITY DR.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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. 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.

SIGNATURE: JOHN NORDSTROM

DATE
6-17-99

PHONE NUMBER
516-293-7310

STEVEN C. SCHEINFELDT, P.A.

THE CENTRE, SUITE 206
9900 STIRLING ROAD
COOPER CITY, FLORIDA 33024
TEL (954) 437-4607
FAX (954) 437-5477

July 7, 1999

Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Twin Vending, Inc.

Dear Agent:

Enclosed is the Amended Annual Report for the above-referenced corporation and a money order for the filing fee in the amount of \$61.25. Please file the amended document and make the changes set forth therein.

If you have any questions, please feel free to contact me.

Sincerely,



STEVEN C. SCHEINFELDT

Enclosures