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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J87779

(1)

FILED Apr 09 1998 8:00am Secretary of State

| 1. Corporation | EST VENDING, INC. | (.) | | | |
|--|---|---------------------|--|---|-----------------------------------|
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| | | | | | |
| Principal Place | e of Business | Mailing Address | | - 1 100(6)0 0.81 (0)11 (00% (00%) (00%) (00%) | 1:91: BIBU BUBU BUBU BUBU 1881 |
| 22412 WATERSIDE DRIVE 22412 WATERSIDE DRIVE | | | /E | · | |
| BOCA RATON FL 33428 BOCA RATON FL 33428 | | | } | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | IS SPACE |
| | | | | 08/18/1987 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-2845611 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| ************************************** | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | T | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the | |
| 24 | 25 25 Name and Address of Curre | nt Registered Agent | 30 | Personal Property Tax due June 30. 10. Name and Address of New Registers | Yes No |
| RUSSO, LEONARD | | | 81 Name | 10. Hallio tilla Hadicad of Hall Hagiston | |
| | 112 WATERSIDE DRIVE | | 82 Street Addr | ess (P.O. Box Number is Not Acceptable) | |
| BOCA RATON FL 33428 | | | 83 | | |
| | | | 63 | | |
| | | | 84 City | F | 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 requ | | | | | |
| 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE | | | | | |
| 12. | Signature, typed or printed name of registered as | OD DIRECTORS | OTE: Registered Agent signature require 13. | ed when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A | |
| TITLE | PS | DELETE | 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS A | Change Addition |
| NAME | RUSSO, LEONARD | _ | 1.2 NAME | | |
| STREET ADDRESS | 22412 WATERSIDE DRIVE | | 1.3 STREET ADDRESS | • | |
| CITY-ST-ZIP | BOCA RATON FL 33428 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VPT | DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RUSSO, MARIE E | | 2.2 NAME | | |
| STREET ADDRESS | 22412 WATERSIDE DRIVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33428 | | 2. 4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | 1 | | 3.3 STREET ADORESS | | |
| CITY-ST-ZIP | | | 3.4. CITY+ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | DELETE | 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE | | F"1 DEFEIF | 5.1 TITLE | | Change Addition |
| NAME OTRECT ADODESO | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 CITY-\$T-ZIP 6.1 TITLE | · | Change Addition |
| NAME | | had becel | 6.2 NAME | | Change FRANCOI |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| Office Applicaci | | | EACITY OF TIP | | |

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 and accurate and that my signature shall have the same degal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employee 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 an an attachment with an address.

SIGNATURE:

nes, 4/6/

561-488-2536