Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

□No

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #**

Country

9. Name and Address of Current Registered Agent

25

RUSSO, LEONARD

22412 WATERSIDE DRIVE

1999

1. Corporation Name

Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

SUNCREST VENDING, INC.		
Principal Place of Business	Mailing Address	
22412 WATERSIDE DRIVE BOCA RATON FL 33428	22412 WATERSIDE DRIVE BOCA RATON FL 33428	

26

27

28 Zip

29

2a. Mailing Address

City & State

Suite, Apt. #, etc.

**FILED** Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90105 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

~[]

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

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

Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

08/18/1987

59-2845611

4, FEI Number

BOCA RATON FL 33428		83	<u> </u>						
			"						
			84	City		FL	85	Zip Co	ode
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office or r	to the provisions of Sections 607.0502 and 607.15 egistered agent, or both, in the State of Florida. Som familiar with, and accept the obligations of, Sec	uch change was aut	norized by	the corpora	ation's board of directors. I he	ereby accept the appoin	umeni a	is regi	stered
SIGNATURE	as a second seco	ooble (NOTE: E	egietarad Aga	nt eignatura raol	uired when reinstating)	DATE	: <b>"</b>	1, .	<del></del>
	Signature, typed or printed name of registered agent and title if applic		13.	ni signature requ		SES TO OFFICERS AN	D DIRE	CTOR	S IN 12
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	22412 WATERSIDE DRIVE			TADDRESS					
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NAME	RUSSO, MARIE E			T 1800500	•				
STREET ADDRESS	22412 WATERSIDE DRIVE BOCA RATON FL 33428			TADDRESS		•			
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14. I hereby of	certify that the information supplied with this filing of	does not qualify for t	ne exempi	tion stated i	n Section 119.07(3)(i), Florid	a Statutes. I further cer	iry that	tne int	ormation

Country

82

Name

30

reflect certain that in minimalion supplied with this filling does not quality for the exemption stated in Section 19.07(5)(f), Fiorida Statutes. I family does not detain 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.

SIGNATURE: