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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K23406

(7)

FLORIDA VENDING, INC.

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**FILED** 

Jan 28 1997 8:00am

Secretary of State

Principal Place 20815 NE 16 STE 16 MIAMI FL 331		20815 I STE 16	Mailing Address 20815 NE 16 AVE STE 16 MIAMI FL 33179-2124									
US US						3. Date Incorporated or Qualified						
	Place of Business	<b>├</b> ──¬	ling Address		********			4. FEI Number		— <del>                                     </del>	oplied For	
Suite, Apt	# etc	26 Suit	e, Apl. #, etc.					65-0060471			Not Applicable Additional	
22	6. Qu	27	o, ripi. ", oto.					5. Certificate of Status Desired		•	Required	
City & Sta	le		& State					6. Election Campaign Financing		\$5.00	) Мау Ве	
23	T. Country	28			, m.l.m.			Trust Fund Contribution			to Fees	
Ζφ <b>24</b>	Country 25	Zip.		30	untry	'		This corporation has liability for Florida Statutes		tax under	s. 199.032,	
24	9. Name and Address of Cui		J Agent	30	Τ			10. Name and Address of New F				
BE	HAR, ARTHUR				81	Name		· · · · · · · · · · · · · · · · · · ·				
	00 ISLAND BLVD.				82	Street	Addre	ss (P.O. Box Number is Not Accept	able)		<del></del>	
	T. B-204				_							
MU	AMI FL 33160				83							
					84	City			FL	85 Zip	Code	
SIGNATURE	5 gnature, typest or profed name of registers	d agent and filter flappi AND DIRECTOR		TE: Registere	ed Age	ent signature	e required	d when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	PRS IN 12	
TITLE	D		DELETE	1.1 7	ITLE		Γ			Change		
NAME	BEHAR, ARTHUR			1.2 N	IAME							
STREET ADDRESS						ADDRESS	ŀ					
CHY-SI-2#	MIAMI FL		DELETE	1.4 C 2.1 T		ST-ZIP	<del> </del>			Change	Addition	
TITLE NAME	BEHAR, GREGG		C. OLLLIE	2.2 N						onlingo	L Addition	
STREET ADORESS	40470 CW 6DD CT			1		T ADDRESS	1					
CITY-ST-ZIP	PEMBROKE PINES FL			2.4	CITY-	ST-ZIP						
TITLE			☐ DELETE	3.1 1				·		Change	Addition	
NAME					IAME	t Anneree						
STREET ADORESS CITY-ST-ZIP						I ADDRESS ST-ZIP						
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NAME				4.2	NAME							
STREET ADDRESS				4.3 \$	STREE	T ADDRESS						
CITY-ST-ZIP			I priese			ST-71P	-			Change	Addition	
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NAME STREET ADDRESS					NAME STRFF	T ADDRESS						
OTY-SI-ZIP						ST-ZiP						
Titte			DELETE	_	TITLE		<b>†</b> "			Change	Addition	
NAME				6.21	NAME		1					
STREET ADDRESS	.l			6.3	STREE	T ADDRESS	1					

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME