

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morinani  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K46915** (0)  
1. Corporation Name  
**PCM VENDING, INC.**



Principal Place of Business: **DOUGLAS A. IRVING  
7 ROSERY LANE  
BELLEAIR FL 34616**  
Mailing Address: **DOUGLAS A. IRVING  
7 ROSERY LANE  
BELLEAIR FL 34616**

3. Date Incorporated or Qualified: **11/22/1988**  
3a. Date of Last Report: **02/14/1995**  
4. FEI Number: **59-2920313**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Suite, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**IRVING, DOUGLAS A.  
7 ROSERY LANE  
BELLEAIR FL 34616**

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 607.0702 and 607.1505, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>IRVING, DOUGLAS A.</b>	
STREET ADDRESS	<b>7 ROSERY LANE</b>	
CITY-STATE-ZIP	<b>BELLEAIR FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>IRVING, SARA E.</b>	
STREET ADDRESS	<b>7 ROSERY LANE</b>	
CITY-STATE-ZIP	<b>BELLEAIR FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-STATE-ZIP		
21. TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		
31. TITLE	<b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	<b>ROBERT FULLER</b>	
33. STREET ADDRESS	<b>8408 NORTH GRADY</b>	
34. CITY-STATE-ZIP	<b>TAMPA, FL 33614</b>	
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-STATE-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-STATE-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13, changed, or on an appointment with an address.

SIGNATURE: *Robert Fuller* DATE: **2-1-96** TELEPHONE: **813-889-7116**

CR2E034 (12/95)