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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 13 1997 8:00am

Secretary of State

DOCUMENT # L81412

(3)

EXPRESS VENDING, INC.

Principal Place of Business Mailing Address 4007 WOODACRE LANE 4007 WOODACRE LANE TAMPA FL 33624 TAMPA FL 33624-1222 3. Date Incorporated or Qualified 3a. Date of Last Report 06/19/1990 04/29/1996 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 59-3015281 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes \(\bigcap\) No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DEMATTIA, VANESSA C. **4007 WOODACRE LANE** Street Address (P.O. Box Number is Not Acceptable) 82 **TAMPA FL 33624** 83 84 City 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. Thereby 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 reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)TITLE DELETE 1.1 TITLE Change Addition IVORY, VANESSA C. NAME 1.2 NAME 17726 MORNINGHIGH DR STREET ADDRESS 1.3 STREET ADDRESS LUTZ FL CITY-ST-ZIP 1.4 CITY-ST-7/P TITLE DELETE 21 TITLE Change Addition DEMATTIA, VANESSA C. 2.2 NAME 4007 WOODACRE LANE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CHTY-ST-ZIP DELFTE TITLE 3.1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELFTE TITLE Change 4.110 LE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE TITLE 61 THLE Change Addition NAME 6.2 NAME STREET ADORESS **GB STREET ADDRESS** CITY-ST-ZIP 64 CiTY-ST-ZIP

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 logal effect as if made under eath; 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 Black 13 if changed, or on an attachment with an address.

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