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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200007200 (8) 1. Corporation Name SOUTH VENDING, INC. Principal Place of Business Mailing Address												
Principal Place of Business 805 N. STATE RD. 7 IOLLYWOOD FL 33021			2905	Mailing Address 2805 N. STATE RD. 7 HOLLYWOOD FL 33021-2708								
							3. Date Incorporated 11/24/1992	or Qualified	3a. Da 03/2	te of Las 5/1990	Repoi	rt
2. Principal F	ace of Busin	ess		Mailing Address			4. FEI Number 65-0359200				Applie	
Suite, Apt.	#. elc		26	Suite, Apt. #, etc.						\$8.7	5 Addit	plicable
2			27	•			5. Certificate of Status	s Desired			Requir	
City & Stat	е		28	City & State			6. Election Campaign Trust Fund Contrib	-			00 May	
Ζφ 1		Country 25	29	Zφ	Cour 30	itry	This corporation hat Florida Statutes	as liability for	intangible Yes	tax unde No	ers. 199	9.032,
		and Address of Curr	rent Registe	ered Agent			10. Name and Addres	s of New Re	gistered /	gent		
280	IN, CURT 5 NORTH S' LYWOOD F	TATE ROAD 7 L 33021			. [Name Street Add	iress (P.O. Box Number is I	Not Acceptal	ole)			
					- 1	84 City	Balana a			85 Z	ip Code	0
		•		4			the second second		FL	1	•	
11. Pursuant	to the provisi	oris of Sections 607,0	0502 and 60 ate of Florida	7.1508, Florida State	utes, the ab	ove-named cor	poration submits this state	ment for the p	ourpose of	changin intment	g its reg as reoi	gistered istered
SIGNATURE.		or printed name of legistered	agent and title it	applicable. (NO	DTE Registered		poration submits this state tition's board of directors. I	······································	DATE			
			agent and title it	applicable. (NO		Agent signature requ		······································	DATE		ORS IN	l 12
SIGNATURE.	Signature, Expend PD LEWIN, C	or printed run e of registered OFFICERS /	agent and title it AND DIRECT	rapplicable. (NO TORS	OTE: Registered	Agent signature requ	rired when reinstating)	······································	DATE	DIRECT	ORS IN	l 12
SIGNATURE. 12. THE	PD LEWIN, C 2805 NOF	OFFICERS / OFFICERS / URT	agent and title it AND DIRECT	rapplicable. (NO TORS	TE Registered 13. 1.1 TIT	Agent signature requ	rired when reinstating)	······································	DATE	DIRECT	ORS IN	l 12
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Secretary of State

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