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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200007200 (8)

SOUTH VENDING, INC.

Principal Place of Business

Mailing Address

FILED Mar 24 1998 8:00am Secretary of State



2805 N. STATE RD. 7 HOLLYWOOD FL 33021			2805 N. STATE RD. 7 HOLLYWOOD FL 33021					DO NOT WR	ITE IN THIS S	PACE				
								3. Date Incorp 11/24/1	orated or Qualifie	d				
	Place of Busin	ness	2a. Mailing Address				4. FEI Numbe				+	lied For		
21 Cuita Ant	4 242		26				65-03!	08200		- 60 -	 	Applicable		
Suite, Apt	#, BIC.		Suite, Apt. #, etc.				5. Certificate	of Status Desired			e Req	Iditional uired		
City & State			City & State					mpaign Financing Contribution			.00 k ded to	lay Be Fees		
Zip 24		Country 25	Zip	Zip Country 30				8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30.						
		and Address of Current		ent	190)	_			Address of New			7	•	
- 11	EWIN, CURT					B1	Name				•			
2805 NORTH STATE ROAD 7						B2	Street Add	dress (P.O. Box Nur	mber is Not Accep	table)				
, H	OLLYWOOD	FL 33021			L		-							
					}*	B3								
j					. [84	City			FL	85	Zip Co	ode	
11. Pursuan	to the provis	ions of Sections 607.0502 lent, or both, in the State o	and 607.1508, F f Florida. Such c	lorida Statut hange was	es, the abo authorized	ove by	named cor the corpora	rporation submits thation's board of dire	is statement for th ctors. I hereby ac		changi pintmen	ng its it as re	registered egistered	
agent. I	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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE	Cloneture, typed	or printed name of registered agent	and little if applicable	/NOT	F. Banislared	Δαρι	al signature requ	uired when reinstating)		DATE				
12.	Orginators, types	OFFICERS AND		1401	13.		ii sigiratura rego		CHANGES TO OF		DIREC	TORS	IN 12	
TITLE	PD	011700701110		DELETE	1.1 TITL	E					Cha		Addition	
NAME	LEWIN.	CURT			1.2 NAN	Æ								
STREET ADDRESS	2805 N	ORTH STATE ROAD 7					ADDRESS							
CITY-ST-ZIP		NOOD FL 33021			1.4 CITY									
TITLE	PD			DELETE	2.1 TITL						Cha	nge	Addition	
NAME	FEDER	ci, sondra			2.2 NAM	AE.			€ 52	•				
STREET ADDRESS		. ST. RD. 7			2.3 STR	EET /	ADDRESS							
CITY-ST-ZIP	HOLLY	NOOD FL			2. 4 CIT	Y-5	T-ZIP							
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NAME					5.2 NAM	4E								
STREET ADDRESS					5.3 STRI	EET /	ADDRESS							
CITY-ST-ZIP					5.4 CITY		- ZIP							
TITLE			L.	DELETE	6.1 TITL	E					Char	nge	☐ Addition	
NAME	1				6.2 NAM	1E								
STREET ADDRESS					6.3 STRI	EET A	ADDRESS							
CITY-ST-ZIP					6.4 CITY									
44 I horoby	cortify that the	e information supplied with	this filing dose	not auglify to	or the even	nnti	ion etated in	a Section 110 07(3)	ii) Florida Statutac	I further co	tify that	the ir	tormation	

14. I 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.

954,902000