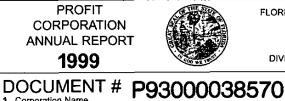
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

WARMAL VENDING, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90101 003 ***150.00

Mailing Address Principal Place of Business 3212 WOODRUFF DR PO BOX 690631 ORLANDO FL 32837 ORLANDO FL 32869 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 05/24/1993 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3180715 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. i Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required · 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip □No Personal Property Tax. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MALDONADO, RICHARD 82 Street Address (P.O. Box Number is Not Acceptable) 3212 WOODRUFF DR ORLANDO FL 32837 83 85 Zip Code 84 City FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1.1 TITLE TITLE MALDONADO, RICHARD 12 NAME NAME 3212 WOODRUFF DRIVE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE TITLE 2.1 TITLE WARREN, JULIUS W. 2.2 NAME NAME STREET ADDRESS 2126 TROPIC STREET 2.3 STREET ADDRESS 2.4 CITY-ST: ZIP TITUSVILLE FL CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE ☐ Change TITLE 62 NAME NAME

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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cha

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)