SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 **DIVISION OF CORPORATIONS** DOCUMENT # P93000046736 (3) RJG VENDING, INC. Principal Place of Business Mailing Address 6292 FLORIDIAN CIR 6292 FLORIDIAN CIR LAKE WORTH FL 33463 LAKE WORTH FL 33463 3. Date Incorporated or Qualified 3a. Dale of Last Report 07/01/1993 08/14/1995 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 21 26 65-0422186 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζιρ Country Zip Country 8. This corporation has liability for intaggible tax under s 199 032 24 25 29 30 Florida Statutes Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOLDSTEIN, JON ZON Street Address (P.O. Box Number is Not Acceptable) 11211 S. MILITARY TRAIL 82 **APT 4523** 83 **BOYNTON BCH FL 33436** 84 City Zip Code 33463 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 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 (3/96) THILE DELETE 1 1 TITLE Change Addition NAME **GOLDSTEIN, JON** 1.2 NAME CR2E034 6292 FLORIDIAN CIR STREET ADDRESS 13 STREET ADDRESS LAKE WORTH FL CITY - ST - ZIP 14 CITY - ST - ZIP TITLE DELETE 21 THTLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2 4 CHY - ST - 2IP TITLE DELETE 3 1 THUE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 34 CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CHY - ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-2IP 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this firing 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 or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. VPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR 7-2896 4076428608 SIGNATURE: