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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT O

STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000052202

ACTION FULL SERVICE VENDING CORPORATION

FILED Feb 19, 1999 8:00 am Secretary of State

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LONGWOO	DD FL 32750	SUITE 129				1				
		LONGWOOD FL 32750				1	DO NOT			•
						3 Date Inc	corporated or Qua	WRITE IN TH	IS SPAC	E.
2. Princip	at Place of Business					07/26/	volbotated or Qua	lifed		
21		2a. Mailing Address				4. FEI Num	1993			
Suite. A	Apt. #, etc.	26				FO COO	iber			Applied For
22	,	Suite, Apt. #, etc.				<u>59-320</u>	<u> </u>		<u> </u>	Not Applica
City & S	State	27				5. Certificate	of Status Desire		\$8	75 Additional
23	State	City & State						_	ΨU.	e Required
Zip		28				6. Election C	Campaign Financi	na		
_ `	Country	Zip				Trust Fun	d Contribution	9 🗀	\$ 5.	00 May Be
24	25	المعا		untry			oration owes the o		Add	ied to Fees
	9. Name and Address of Current	Registered Asset	30			Personal I	Property Tax.	urrent year In		
_		Acgistered Agent		<u></u>		10. Name and	d Address of Ne		Yes	No
F (& L CORP.			81 N	lame		a Address of Ne	N Registered	Agent	
TH	IE GREANLEAF BLDG THIRD FLOO	P		20 0						· <u></u>
201	U LAUKA SIKEET	14	ĺ	82 Street Add		ess (P.O. Box Nu	Imper is Not Acce	ptable)	41.5	
JA		}	83		ress (P.O. Box Number is Not Acceptable)					
	CKSONVILLE FL 32201-0240		ľ	-			<u></u>	F7/27.	***	
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agent. [;	It to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligatio	Florida, Such change was a	es, the about	оче-ла	med corpor	ation submits the	is statement to - #	<u></u>		_
	. and accept the obligatio	ns of, Section 607.0505, Flor	rida Statut	by the	corporation'	's board of direct	tors. I hereby acc	e purpose of a	changing	its registered
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IGNATURE				les.					unioni as	. cgistereu
	Signature, typed or printed name of registered agent as	nd title if applicable						, appoin	anient as	-cgistereu
Z.	Signature, typed or printed name of registered agent at OFFICERS AND	nd title if applicable	Registered Ap			then reinstating)		- DAYE		
2 .	Signature, typed or printed name of registered agent at OFFICERS AND	nd title if applicable. (NOTE:	Registered Ag	gent signa		then reinstating)		- DAYE		
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Z. TLE ME REET ADDRESS	Signature, typed or printed name of registered agent at OFFICERS AND DOWNSON, ROBERT L 640 CRICKLEWOOD TERRACE	nd title if applicable. (NOTE:	13. 1.1 TITLE	gent signa	ture required w	then reinstating)	CHANGES TO OF	DATE FFICERS AND	DIRECT	ORS IN 12
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officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that the information Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

407 834-6679