## 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 # P93000053152 (3)

D & B VENDING, INC.

Principal Place of Business Mailing Address

## **FILED** Feb 02 1998 8:00am Secretary of State



9705C SW 0 Palmi City i		3705C SW QUAIL MEADOW TRAIL PALM CITY FL 34990					DO NOT WRI	ITE IN THIS S	PACE					
									3. D	ate Incorporated or Qualifie				
										07/26/1993				
2. Principal F	Place of Busin	ness		2a. Ma	2a. Mailing Address					El Number		- T	Ar	plied For
21				26					!	65-0427692			<del></del>	t Applicable
Suite, Apt.	Suite, Apt. #, etc.					5.0			\$8.	75	Additional			
22	27	27				<b>b.</b> C	ertificate of Status Desired	۳	F	98 Be	quired			
City & Stat	Cit	City & State				<b>6.</b> EI	lection Campaign Financing		\$5	.00	May Be			
23				28					Τr	rust Fund Contribution		Ac	ded	o Fees
Zip		-	Country	Zip	Zip Cou			·		his corporation owes or has			ar Int	angible
24		25		29 30								) No		
			Address of Curren	t Registere	d Agent		04	N1		lame and Address of New I	Registered A	gent		
	rtner, Da						81	Name	Ð					
3705C SW QUAIL MEADOW TRAIL							82 Street Address (P.O. Bo			. Box Number is Not Accept	table)			
PA	LM CITY FI	349	990											
							83							
							84	City				85	Zin (	Code
								_			FL			
11. Pursuant	to the provisi	ions (	of Sections 607.0502	2 and 607.1	508, Florida	Statutes, the	above	e-named	d corporation s	submits this statement for the and of directors. I hereby acc	purpose of o	hang	ing it	s registered
agent. I a	ım <b>fam</b> iliar wi	th, ar	d accept the obliga	tions of, Se	ction 607.05	05, Florida St	atutes	i i i e coi 3.	irporation's boa	ard of directors. Thereby acc	ept ine appo	muner	แลร	registerea
SIGNATURE														
	Signature, lyped	or poor	ed name of registered ager					nt signatur	re required when rain		DATE			
12.	<u> </u>		OFFICERS AND	DIRECTO		13			ADI	DITIONS/CHANGES TO OFF				
TITLE	D		ALAM A		☐ DELE	1	TITLE		•		L	Cha	nge	☐ Addition
NAME KARTNER, DAVID A STREET ADDRESS 3705C SW QUAIL MEADOW TRAIL							NAME							
STREET ADDRESS	KAIL	NL 1.3 S			ADDRESS	•					-			
CITY-ST-ZIP	D PALM C	<u> (IT I</u>	L 34990		☐ DELE		CITY-S	T - ZIP		<del></del>		<del></del>		<b>-</b>
TITLE	_	n r	DANIV A		☐ DETE	F	TITLE				L	_] Cha	nge	Addition
NAME	KARTNE						NAME							
STREET ADDRESS	2306 NE							2.3 STREET ADDRESS						
CITY-ST-ZIP	AENOEN	DC/	CH FL 34956		- Drie		CITY-S	T-ZIP				7 20		
TITLE					DELE		IITLE				L	_] Cha	nge	☐ Addition
NAME							NAME							
STREET ADDRESS						3.3 STREET AD								
CITY-ST-ZIP					Deve		CITY-S	1 - ZIP	-		٠,-	7.6		
TITLE					☐ DELE	,,,,	TITLE				L	] Cha	nge	Addition
NAME							NAME							
STREET ADDRESS								ADDRESS						
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STREET ADDRESS								ADDRESS						
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TITLE					☐ DELET	1					L	] Chai	nge	Addition
NAME						1	IAME							!
STREET ADDRESS						6.3 5	6.3 STREET ADDRESS							
CITY-ST-ZIP						6.4 (	aty-st	- ZIP	1					

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 supplimental 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.