

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000053503 (7)

1. Corporation Name

B & G VENDING, INC.



Principal Place of Business

**3548 COCOPLUM CIRCLE
COCONUT CREEK FL 33064**

Mailing Address

**3548 COCOPLUM CIRCLE
COCONUT CREEK FL 33064**

3. Date Incorporated or Qualified

07/30/1993

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **5353 NW 119 Terrace**

26 **5353 NW 119 Terrace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Coral Springs, Florida**

27 **Coral Springs, Florida**

City & State

City & State

23

28

24 **33076**

Country

Broward

29 **33076**

Country

Florida

4. FEI Number

65-0433319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ENDLICH, GARY
3548 COCOPLUM CIRCLE
COCONUT CREEK FL 33064**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5353 NW 119 Terrace

83

Coral Springs, Fla

84 City

FL

85 Zip Code

33076

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.1504, Florida Statutes.

SIGNATURE

[Signature]

4/30/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ENDLICH, GARY**
CITY-ST-ZIP **3548 COCOPLUM CIRCLE**
COCONUT CREEK FL 33064

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ENDLICH, BETH**
CITY-ST-ZIP **3548 COCOPLUM CIRCLE**
COCONUT CREEK FL 33064

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

305 340 7231

DATE

Daytime Phone

CR2E034 (12/95)