

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000075518 (9)
1. Corporation Name
CAPCO VENDING, INC.

Principal Place of Business
1700 N.E. 63RD COURT
FT. LAUDERDALE FL 33334

Mailing Address
1700 N.E. 63RD COURT
FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/25/1993

4. FEI Number
65-0438719
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

NEWMARK, ALLEN J
1700 N.E. 63RD COURT
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the agent named in this statement is the registered agent of the corporation. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1.1
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 the 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.

SIGNATURE: _____

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # 3306842

CR2E034 (10/97)