

3-19-98 B 3459 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000088290 (0)**

1. Corporation Name

ANTHONY'S SNACKS AND VENDING, INC.

Principal Place of Business

**8235 LEO KIDD AVE.
PORT RICHEY FL 34668
US**

Mailing Address

**8235 LEO KIDD AVE
PORT RICHEY FL 34668
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1994	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number 59-3218165	Applied For <input type="checkbox"/> Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	Country	28 Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DONNARUMA, ANTHONY
8235 LEO KIDD AVE.
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

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

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNARUMA, ROSE	1.2 NAME	
STREET ADDRESS	2224 HARRISON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULL, BARBARA	2.2 NAME	
STREET ADDRESS	4612 CYPRESS POND COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNARUMA, ANTHONY	3.2 NAME	
STREET ADDRESS	2224 HARRISON DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNARUMA, LOUIS	4.2 NAME	
STREET ADDRESS	9201 LEDGESTONE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNARUMA, STEVEN	5.2 NAME	
STREET ADDRESS	10908 MANCHESTER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, changed, or on an attachment with an address.

SIGNATURE:

Barbara Bull *Barbara Bull* *2/10/98* *(03) 818-4042*

CR2E034 (10/97)