## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000024303 (7)

TINKER VENDING, INC.

Principal Place of Business Mailing Address 14681 N BECKLEY SQUARE 14881 N BECKLEY SQUARE DAVIE FL 33325 **DAVIE FL 33325-3069** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/25/1994 06/14/1996 2. Principal Flace of Business 2a. Mailing Address 4. FEI Number Applied For 65-0479426 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П 23 28 Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes V No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GUERTLER, MITCHEL 14681 N BECKLEY SQUARE 82 Street Address (P.O. Box Number is Not Acceptable) DAVIE FL 33325 83 Zio 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 Agen) signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE **GUERTLER, MITCHEL** NAME 1.2 NAME 14681 N BECKLEY SQUARE STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL 33325 CHID-ST-ZIP 1.4 CITY - ST - ZIP ☐ Change DELETE Addition TIME 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY ST. ZIP DELETE Change Addition TOLE 3.1 TITLE

14. If do 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 if changed, or on an attachment with an address.

3.2 NAME

4.1 TITLE 4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

DELETE

DELETE

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3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

**6.3 STREET ADDRESS** 

3.4. CITY - ST - ZIP

**SIGNATURE** 

MAME

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NAME

TITLE

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NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

City - ST - ZIP

City - ST - ZIP

GAATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guerrier 5/6/97 954-

0000002194140 -05/29/97--01004--002

954-424-81.

Change

Addition

Addition

**FILED** 

May 16 1997 8:00am

Secretary of State