

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



**CORPORATION
ANNUAL REPORT
1995**

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:55

DOCUMENT # P94000027150 (9)

1. Corporation Name

VEGAS VENDING INC.

Principal Place of Business

Mailing Address

7045 N.W. 3RD AVE.
BOCA RATON FL 33487

7045 N.W. 3RD AVE.
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5601 COLLINS AVE

22 State, Apt. #, etc.

23 MIAMI BEACH FL

24 33140

25. Mailing Address

26

27 State, Apt. #, etc.

28 City & State

29

30 Country

3. Date Incorporated or Qualified

04/07/1984

3a. Date of Last Report

4. FEI Number

65-0486494

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

7. This corporation has liability for intangible tax under § 199.009, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LEHMAN, JOSEPH
7045 N.W. 3RD AVE.—
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

5601 COLLINS #1223

B4 MIAMI BEACH

FL

B5 Zip Code 33140

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	Joseph Lehman	5601 COLLINS AVE 1223	MIAMI BEACH 33140
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D/P/S	JOSEPH LEHMAN	5601 COLLINS AVE #1223	MIAMI BEACH FL 33140	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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(1)(b), 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 inside or below both 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 13 if changed, or in an affidavit submitted with an address.

SIGNATURE:

Joseph Lehman

NAME AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6-26-95

DATE