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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # P94000039364 (2)

FILED Jan 23 1998 8:00am Secretary of State

S & S VENDING, INC. Principal Place of Business Mailing Address 1615 E COOLING AVE PO BOX 34184 MELBOURNE AV 32935 INDIALANTIC FL 32903 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1994 2. Principal Place of Business 2a. Mailing Address Applied For 4. FE! Number 21 26 59-3250205 Not Applicable 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 Added to Fees 23 Trust Fund Contribution Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SALZMAN, LEONARD G 1516 PARK AVE Street Address (P.O. Box Number is Not Acceptable) 82 MELBOURNE FL 32901 83 84 31951 leLB. BCH 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS TITLE PVST DELETE 1.7 TITLE Change ___ Addition SALZMAN, LEONARD G NAME 1.2 NAME 6665 South H'wy A-1.A. 1516 PARK AVE STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL mers, BCH. FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAMF NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-2IP ___ Addition DELETE 3.1 TITLE Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE ___ Change Addition Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ___ Addition DELETE 5.1 TITLE Change 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 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 attackment with an address.

SIGNATURE:

PHATURE AND TYPED OR PRINTED NAME OF IGNING OFFICER OR DIRECTOR

112/98

407-752-6661

hone # 0104672