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

PROFIT CORPORATION **ANNUAL REPORT**

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000046308 (0) **DOCUMENT #**

F & R SUNSHINE VENDING, INC.

25

NICOLL, RICHARD A 10498 STONEBRIDGE BLVD

BOCA RATON FL 33498

Principal Place of Business Mailing Address 10498 STONEBRIDGE BLVD 10498 STONEBRIDGE BLVD **BOCA RATON FL 33498 BOCA RATON FL 33498**

g. Name and Address of Current Registered Agent

28

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED May 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/21/1994 4. FEI Number Applied For 65-0580463 Not Applicable \$8.75 Additional 6. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

85

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.

83 84 City

Country

Name

30

Signature, typed or printed name of registered agont and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TATLE Change Addition NICOLL, RICHARD A NAME 1.2 NAME 10498 STONEBRIDGE BLVD STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NICOLL, FAY NAME 2.2 NAME 10498 STONEBRIDGE BLVD STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3 4. CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY+ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 corrigation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual representation of the receiver or trustee empower officer or director of the coprolation or the receiver or trustee empower Block 12 or Block 13 if changed, it or an attachment with an address