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May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90202 033 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000047888

1. Corporation Name  
HIGH TECH VENDING, INC.

Principal Place of Business  
240 20TH ST NW  
LARGO FL 34640

Mailing Address  
240 20TH ST NW  
LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1994

4. FEI Number

59-3251909

Applied For  
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

□ Yes

X No

2. Principal Place of Business

21 241 20th ST NW  
Suite, Apt. #, etc.

2a. Mailing Address

26 241 20th ST NW  
Suite, Apt. #, etc.

City & State

23 LARGO, FL

City & State

28 LARGO, FL

Zip Country

24 33770 25 Pinellas

Zip Country

29 33770 30 Pinellas

9. Name and Address of Current Registered Agent

COBURN, WARREN  
240 20TH ST NW  
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name

CHERYL COBURN

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

241 20th ST NW

83

84 City

LARGO

FL

85 Zip Code  
33770

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

Cheryl Coburn

PRES & DIRECTOR

4-15-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D. COBURN, WARREN  
NAME COBURN, WARREN  
STREET ADDRESS 240 20TH ST NW  
CITY-ST-ZIP LARGO FL 34640

DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR + PRESIDENT  
1.2 NAME CHERYL COBURN  
1.3 STREET ADDRESS 241 20th ST NW  
1.4 CITY-ST-ZIP LARGO, FL 33770

Change

Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change

Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:

Cheryl Coburn  
PRES & DIRECTOR

4-15-99

727-591-3287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0419130

CR2E034 (11/98)