

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000079903 (8)
 1. Corporation Name:
E & T VENDING, INC.



Principal Place of Business: **148 FLORIDA PARK DR. PALM COAST FL 32137 US**
 Mailing Address: **PO BOX 354098 PALM COAST FL 32137 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 38 Furness Place**
 Suite, Apt. #, etc.
22 Palm Coast, FL 32137
 City & State
23 32137 Zip **25 USA** Country

3. Date Incorporated or Qualified: **10/31/1994**
 4. FEI Number: **59-3279482**
 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**
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent:
MITCHELL, EDWARD
148 FLORIDA PARK DR.
PALM COAST FL 32137

10. Name and Address of New Registered Agent:
81 Name: Edward Mitchell
82 Street Address (P.O. Box Number is Not Acceptable): 38 Furness Place
83
84 City: Palm Coast **85 Zip Code: FL 32137**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> DELETE
NAME: MITCHELL, EDWARD	
STREET ADDRESS: 660 TILDEN AVE.	
CITY-ST-ZIP: TEANECK NJ 07866	
TITLE: T	<input type="checkbox"/> DELETE
NAME: MITCHELL, PHYLLIS	
STREET ADDRESS: 148 FLORIDA PARK DR.	
CITY-ST-ZIP: TEANECK NJ	
TITLE: S	<input type="checkbox"/> DELETE
NAME: WILLIAMS, JUNE M	
STREET ADDRESS: 148 FLORIDA PARK DR.	
CITY-ST-ZIP: PALM COAST FL	
TITLE: P	<input type="checkbox"/> DELETE
NAME: MITCHELL, EDWARD	
STREET ADDRESS: 148 FLORIDA PARK DR.	
CITY-ST-ZIP: PALM COAST FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: Mitchell, Edward	
1.3 STREET ADDRESS: 38 Furness Place	
1.4 CITY-ST-ZIP: Palm Coast, FL 32137	
2.1 TITLE: Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: Mitchell, Phyllis	
2.3 STREET ADDRESS: 38 Furness Place	
2.4 CITY-ST-ZIP: Palm Coast, FL 32137	
3.1 TITLE: Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: Williams, June M.	
3.3 STREET ADDRESS: 38 Furness Place	
3.4 CITY-ST-ZIP: Palm Coast, FL 32137	
4.1 TITLE: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: Mitchell, Edward	
4.3 STREET ADDRESS: 38 Furness Place	
4.4 CITY-ST-ZIP: Palm Coast, FL 32137	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 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 attachment with an address.

SIGNATURE: **June Williams, Sec.** *June Williams* 4/29/98 904-446-0333

CR2E034 (10/97)