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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000088381 (6) **DOCUMENT #**

SKIP'S VENDING, INC.

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Principal Place o	of Business	Mặi	ring Address								
1900 NW 33 RD CT BAY 9 POMPANO BEACH FL 33064			Sandra & Ron Hart 2721 Se 15th St Pompano Beach Fl 33062			3. Date Incorporated or Qualified	3a.	Date of La	st Report		
							12/05/1994			/1995	
2. Principal Plac	ce of Business	2a.	Mailing Address				4. FEI Number	_1		Applied For	
	F.:1						65-0534960 Not Applica				
Suite, Apt #, etc			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
27 City & State 28			City & State				Election Campaign Financing Trust Fund Contribution			5.00 May Be dded to Fees	
Zip Country			Zip Country			:	This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes □ No				
1	g. Name and Address of Curre	29 ent Regist	ered Agent				10. Name and Address of New F	egiste	red Agent		
					81	Name					
	SANDRA				82	Street Add	ress (P.O. Box Number is Not Acceptab	ile)			
	e 15th St Ino Beach Fl 33062				83						
7 0.0.11					84	City		. <u></u>	FL 85	Zıp Gode	
	Signature, by edior printed han usof registered agr				ı Ag-	त्री इक्षा जी तर स्थापन	ADDITIONS/CHANGES TO OFF	EA IOERS		CTORS IN 12	
2.	OFFICERS A	ND DIREC	DELETE	13. 1 1 T			ADDITIONS/CHANGES TO OFF	ICENS	Cha		
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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(3)(4) Fibrida Statutes. Fluridal 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 trusted empowered to execute this report as required by Chapter 60?, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR SECURITY