

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000002802 (3)**

1. Corporation Name

A BUSY BEA VENDING COMPANY



Principal Place of Business

Mailing Address

12444 NE 6 CT
N MIAMI FL 33160

12444 NE 6 CT
N MIAMI FL 33160

3. Date Incorporated or Qualified
01/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **5034 S University Dr**

26 **Same**

Suite, Apt #, etc.

Suite, Apt #, etc.

23 City & State

27 City & State

DAVIC FL

24 Zip

25 Country

29 Zip

30 Country

33328

Broward

4. FEI Number

Applied For
Not Applicable

65-0542717

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 has liability for intangible tax under s. 190.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

URBANA, JOHN
12444 NE 6 CT
N MIAMI FL 33160

81 Name

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

83

84 City

FL

85 Zip Code

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

John Urbana

John URBANA

8/4/96

Signature of person providing information and the filer (if applicable)

(NOTE: Registered Agent signature required when being changed)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

11 TITLE Change Addition

NAME **John URBANA**
STREET ADDRESS **5034 S UNIVERSITY DR**
CITY-ST-ZIP **DAVIC FL 33328**

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DELETE

21 TITLE Change Addition

NAME **Elizabeth MACKOWSKI**
STREET ADDRESS **924 S. LONGMEADOW DR**
CITY-ST-ZIP **SCHAUMBERG IL.**

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE DELETE

31 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DELETE

41 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE

51 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE

61 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John Urbana

John URBANA

President

8/4/96

954-439-9917

Signature and typed or printed name of signing officer or director

Date

Telephone Number

CR2E034 (3/96)