FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000003567 (1) DOCUMENT # ADVANTAGE VENDING SERVICES OF ORLANDO, INC. Principal Place of Business Mailing Address 2700 WESTHALL LN 2700 WESTHALL LN SUITE 240 SUITE 240 MAITLAND FL 32751 MAITLAND FL 32751 3. Date Incorporated or Qualified 3a. Date of Last Report 01/10/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59 - 3289763 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 X Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Γ Trust Fund Contribution Added to Fees Zip. Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes X Yes □No 9. Name and Address of Current Fiegistered Agent Name and Address of New Registered Agent LEONE, JAMES R 111 W MAGNOLIA AVE SUITE 105 LONGWOOD FL 32750 84 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 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 SIGNATURE legistered agent and sit alif applicati ored Agrant signature required when reinstating) 12. OFFICERS AND DIRECTORS 1.3 CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPST T DELETE 1. 1 TITLE ☐ Change NAME JOYNER, BEVERLY R 1.2 NAME 2700 WESTHALL LN SUITE 240 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 1.4 CITY-ST-ZIP TITLE DELETE 2.1 1:TLE ☐ Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 24 C/TY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4.11006 Change NAME ☐ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 THUE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 54 CHY-S1-7IP TITLE DELETE 6 1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-71P 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 logal effect as if made under appears in Block 12 or Block 13 if changed or or an artaphment with an address.

POF SIGNING OFFICER OR DIRECTOR JOYNEY -4-26-46-4076677729