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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000003567 (1)

ADVANTAGE VENDING SERVICES OF ORLANDO, INC.

**FILED** Apr 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					I DERTOOK IIN IRIKU RIIKI OOTII ARKIT OOTII OOTIA DOUG DIIKU IIIN DETTO OITII IURI IURI			
SUITE 112	GAL WAT	450 COMMERCE WAY SUITE 112						
LONGWOOD FL 32750		LONGWOOD FL 32750				DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualified		
	15					01/10/1995		
<del></del> 1	ace of Business	2a. Mailing Address				4. FEI Number Applied For		
21	W oto	Suite, Apt. #, etc.			-	59-3289783   Not Applicable		
Suite, Apt. :	, etc.	h				5. Certificate of Status Desired S8.75 Additional Fee Regulred		
City & State		City & State						
23	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the current year Intangible		
24	25	29	30	·		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curren		11	Ι		10. Name and Address of New Registered Agent		
GAI	ry Joyner	TO BE LANGED TO 17 THE REAL PROPERTY OF THE PR		81	Name	me		
450 COMMERCE WAY				82 Street Address (P.O. Box Number is Not Acceptable)				
	TE 112		62 Street Ac			Mailes (i o. pox Humber is Het noceptable)		
	IGWOOD FL 32750		Ī					
					City	<b>85</b> Zip Code		
						FL   S   2   P   COUR		
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorize	d by	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
•	n familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stat	tutes	<b>.</b>			
SIGNATURE	Signature, typed or printed name of myistered age	nt and title if applicable (NO	1F: Registere	o Age	nt signature	required when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	☐ DELETE	1.1 70	1.1 TITLE		Change Addition		
NAME	JOYNER, BEVERLY R		1.2 N	AME				
STREET ADDRESS			1.3 STREET ADDRESS		ADDRESS	450 Commorce Way, Sta 112		
CITY-ST-ZIP			1.4 C	ITY-S	T- <b>2</b> IP	LON WOOD, FL 22750		
TITLE		DELETE	2.1 Tí	2.1 TITLE		☐ Change ☐ Addition		
NAME			2.2 N/	AME				
STREET ADDRESS	DRESS		2.3 S1	TREET	ADDRESS			
CITY-ST-ZIP				2. 4 City-St-ZiP				
TITLE		☐ DELETE	3.1 TI	3.1 TITLE		Change Addition		
NAME	3.2		3.2 N/	1.2 NAME				
STREET ADDRESS			3.3 S1	TREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-ST-ZIP				
TITLE	——————————————————————————————————————			4.1 TITLE		☐ Change ☐ Addition		
NAME			4.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		I britis	4.4 Ci		T- ZIP	Character 1 Addition		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition		
NAME			5.2 N					
STREET ADDRESS				5.3 STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP		Channe LAJER-		
TITLE				I TITLE		Change Addition		
NAME			6.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		46 46 - 27	6.4 C			dis Continue 440 07/03/01 Florido Chabitan I fasibas contife the table information		
14. I hereby o	ertity that the information supplied wi	ith this filing does not qualify t	for the exc	emp	tion state	d 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 once that the information 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.