

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

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Apr 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000036983 (1)**

1. Corporation Name  
**CBC VENDING, INC.**

Principal Place of Business

**9205 HAAS DRIVE  
HUDSON FL 34669**

Mailing Address

**9205 HAAS DRIVE  
HUDSON FL 34669-1048**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/09/1995</b>		3a. Date of Last Report <b>02/20/1996</b>	
21		26		4. FEI Number <b>59-3313320</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					
	25		30				

9. Name and Address of Current Registered Agent

**NAJMY, JOSEPH O  
1205 MANATEE AVENUE WEST  
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CANNAZARO, ANTHONY</b>	1.2 NAME	
STREET ADDRESS	<b>9205 HAAS DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HUDSON FL</b>	1.4 CITY - ST - ZIP	<b>34669</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CANNAZARO, ELIZABETH A.</b>	2.2 NAME	
STREET ADDRESS	<b>9205 HAAS DRIVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HUDSON FL</b>	2.4 CITY - ST - ZIP	<b>34669</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BASILE, AMELIA</b>	3.2 NAME	
STREET ADDRESS	<b>106 SUTTER AVENUE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OZONE PARK NY</b>	3.4 CITY - ST - ZIP	<b>11417</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CORBO, ANGELO</b>	4.2 NAME	
STREET ADDRESS	<b>9 MEADOW LANE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARLBORO NJ</b>	4.4 CITY - ST - ZIP	<b>07746</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ANTHONY CANNAZARO**

Date

Daytime Phone #

4/4/97

813-868-5758

0480488

CR2E034 (9/96)