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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 1. Corporation Name

P95000039776 (6)

VENDORS, INC.

VENDO	MS, INC.						
Principal Place o	f Business	Mailing Addres	is			1 ISTINGS HA IDIAL BUCK BASIN BASIN	
4677 L.B. MCLEOD RD., SUITE 1 4677 L.B. M ORLANDO FL 32811 ORLANDO F			MCLEOD RD: FL 32811	Suite 1			
						3. Date Incorporated or Qualified 3a. 05/15/1995	Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Ad	dress			4. FEI Number 59-3315606	Applied For Not Applicable
Suite. Apt. #,	etc	Suite, Apt	#, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & Stal	te			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip (29)	3	Country		8. This corporation has liability for intang Florida Statutes Yes T	
24	25 9. Name and Address of Curre			, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		10. Name and Address of New Regist	ered Agent
4	g, name and name		······	81	Name		
MCDOUGAL, LONNY 4677 L.B. MCLEOD ROAD, SUITE 1				62 Street Address (P.O. Box Number is Not Acceptable)			
	B. MULEOD ROAD, SOITE T DO FL 32811			83			
One-ani	50 12 32011			84	City		FL 85 Zip Code
SIGNATURE	and accept the obligations of, Sec	nd protte Capiti, die			t signature require	of where renshing and ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
12.		NO DIRECTORS	DELETE	13.		ADDITIONS/OFFANGES TO OFFICE IN	Change Addition
TITLE NAME	D MCDOUGAL, LONNY			1.2 NAMÉ			
STREET ADDRESS	3296 TIMUCA CIR			1.3 S1R9ET	ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837			1.4 C/TY - S	T-ZIP		C Addition
TiTLE	0	K	DELETE	2 1 1:1E			Change Addition
NAME	MENAS (NONN)			2.2 NAME	#DDDCCC		
CITY - ST - ZIP	QRLMADO FL 3281)			2.4 City - 9	- 1	·	
TITLE			DELETE	3 1 TILLE			Change Addition
NAME CTOSST ADDRESS				3 2 NAME			
STREET ADDRESS CITY-ST-ZIP				3.3 STREE 3.4 OID - 9	1		
TITLE			DELETE	4 1 TILLE	1-20		Change Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP			DC: E14	4.4 CITY - 9	T - ZIP		
TITLE NAME		Li	DELETE	5 1 Tillef			Change Addition
STREET ADDRESS				5.2 NAME 5.3 STREET	≜DORESS.		
C-TY - ST - Z-P				5.4 CiTY - S			
TITLE			DELETE	6 1 HILE			— ☐ Casnge ☐ Addition
NAME				6.2 NAME		600001872 -06/24/9601020	022 <i>s</i> /
STREET ADDRESS				6.3 STREET	ADDRESS	***200.00	11,2
CITY ST. ZIP				0.40070.0		The second second second	,

14. Ido hereby certify that the information subject was this filing is voluntarily furnished and does not quarry for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated cryptis annual report or support print all amountained and accurate and that my signature shall have the same legal effect as if made under oath, that I am an office or director of the corporation or the occurry or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed on an attachment with an address.

SIGNATURE:X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/-30-96 X 407843-6444