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

P95000046135 (6) **DOCUMENT #**

DURA VENDING COMPANY OF FLORIDA, INC.

Principal Place of Bu	usiness	Mailin	g Address			1 1051(557710 (516. 5711) 65			
13334 75TH AVE SEMINOLE FL 346			134 75TH AVE., N. MINOLE FL 34646						
						3. Date Incorporated or Qua 06/09/1995	lified 3a. Dat	e of Last Ri	eport
2. Principal Place of	f Business	2a. M	ailing Address			4. FEI Number	2/00		Applied For
21		26				59.33/8	7689		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		28	ity & State			6. Election Campaign Financ Trust Fund Contribution	cing []	•	May Be to Fees
Zip 24	Country 25	Zi 29	р	30 Co.	intry		Yes No		199.032,
	Name and Address of Curren	t Register	ed Agent			10. Name and Address of I	New Registered	Agent	
					81 Name				
NEWELL, WAYNE 13334 75TH AVE., N.					82 Street Add	ress (P.O. Box Number is Not Acc	ceptable)		
SEMINOLE F					83				
					84 City			85 ZI	o Code
					64 City		FL	_ 65 21) Code
SIGNATURE Signali	ukr, typed of printed name of registerer agent OFFICERS AN	AYN and title if appli		しまし IOTE: Registere I 13.	d Agent signature requir	od when reinslating) ADDITIONS/CHANGES T	O OFFICERS AN	7/96 D DIRECTO	PRS IN 12
TITLE	20.10 - none	7	☐ DELETE	1.1	ITLE			Change	☐ Addition
NAME	and the same	مر اسرا	,	1.2 h	AME				
STREET ADDRESS	2374 75W MI	ie. N		135	TREET ADDRESS				
CITY-ST-ZIP	agricule FL	346	46	1.4 0	ITY-ST-ZIP				,
TITLE			☐ DELETE	2 1	TITLE			☐ Change	☐ Addition
NAME				221	IAME				
STREET ADDRESS				2.3 5	TREET ADDRESS				
CITY-ST-ZIP					HTY - ST - ZIP			Channe	FT Addition
TITLE			☐ DELETE		TILE			Change	Addition
NAME					IAME				
STREET ADDRESS					STREET ADDRESS				
CHY-ST-ZIP			TT DELETE		CITY-ST-ZIP TITLE			Change	Addition
TITLE				l l	IAME				
NAME STREET ADDRESS					STREET ADORESS				
CITY-ST-ZIP					CITY - ST - ZIP				
TITLE			DELETE		TITLE			☐ Change	Addition
NAME					IAME				
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					CTY-ST-ZIP				
TITLE			☐ DELETE		TITLE			Change	☐ Addition
NAME				6.2	NAME .				
STREET ADDRESS				6.3	STREET ADDRESS				
					1				

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 eath; 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 on an attachment with an address.