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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Martham
Secretary of State

DIVISION OF CORPURATIONS

FILED 97 MAY 12 PM 12: 03

1997 DIVISION OF CORPERATIONS					97 MAY 12 PM 12: 03		
DOCUMENT # P 9 5 0 0 0 0 6 7 5 4 2					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
4					The state of the s	LOIRDA	
HUTOMATIC MERCHANDISING CORP. Principal Place of Business Mailing Address							
Principal Place of Business Mailing Address							
4262 NORTH LAKE BLUD							
Suite 155							
PALM BEACH GARDENS. FL. 33410					3. Date Incorporated or Qualified 10-95	3a. Date of Last R 1996	Report
2. Principal Place of Business 2a. Mailing Addre					4. FEI Number 65-06 0 594 4		oplied For
21 Suite, Apt. #, etc. Suite, Apt. #, etc.						- 69.75	ot Applicable
27					5. Certificate of Status Desired		equired
City & State City & State					6. Election Campaign Financing	\$5.00	
23 Zip	Country	7in	Zip Country		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199 032,		
24	25 29		30	.,			
Ь	9. Name and Address of Curre				10. Name and Address of New Reg	Istered Agent	
	mi - 1			Name			
_	The Law Firm of La 343 Almeria Avenue	awrence J. Spieg	Set CHIE	Street Add	Iress (P.O. Box Number is Not Acceptable	9)	
Coral Gables, FL 33134							
	Corar Gabies, in	33134	L				
•			1	14 City	_	3-1 1	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the abo	ove-named cor	poration submits this statement for the pution's board of directors. I hereby accept w F1rm of Lawrence J.	rpose of changing it	ts registered
agent 1 a	registered agent, of both, in the state orn familiar with, and as Cept the obly	gations of, Section 607.0505,	Florida Statut	by the corpora les. The La	ition's coard of directors. I hereby accept IW Firm of Lawrence J.	Spiegel CF	registered IRTD
S:GNATURE		<u> </u>		Lawre	ence J. Spiegel, Presi	dent SP	97
12.		gen and title if applicable (N ND DIRECTORS	13,	rgent signature requ	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	1S IN 12
THE PUPES !	A. JACQUELINE SHERER DELETE			P.VP.S.T	LINDA KOZÍATEK	Change	Addition
NAME	4046 WOODS EDGE CIPLE		1.2 NAM	€ [4262 North LAKE BLUD #155		
STED FACILIESS	PALMOBACH GARDENS . FL 33410			ET ADDRESS	PAUM BEACH GARDENS FL. 33410		
OITY ST ZIE	PALM DEACH GACK	DENS . FL 2/110	1.4 C/TY 2.1 T/T/L	-ST-ZIP		☐ Change	☐ Addition
NAMI		<u> </u>	2.2 NAM	J		E change	L Addition
STHEET ADDRESS			23 \$ TRE	ET ADDRESS			
CITY ST ZIE	,	# 177_cc	2 4 CITY	Y- ST-ZIP			
1116		DELETE	3.1 TITLE			☐ Change	☐ Addition
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STREET ADDRESS CITY+ST 2IF				r-ST-ZIP	-05/14/9	3701109	008
1015		☐ DELETE	41 7171		*************************************	⇒. [][] ☐ Change	Addition
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011Y - \$1 - ZII1		I norte	4.4 CITY			110	
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SHELL ADDRESS				ET ADDRESS			
OTH STAP			5.4 CITY				{
THE		DELETE	6 1 TITLE			☐ Change	Addition
NAME			62 NAM	E		^	
STREET ALLOHESS			li i	ET ADDRESS	۱,	WA-12-1	1
(I'V \$1.7): 14 do here	by certily that the information supplie	ed with this filing does not ou	alify for the e		d in Section 119.07(3)(i), Florida Statutes.	MUU 10 9	the
1	and actual and this executive executive	complemental period report	a true cod oc	outdo and the	1 my pinneture chall have the enme legal	effect on if made	dor only shot

14. If 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am notificer 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 Brock 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97

561-776-1600