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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90268 034 \*\*\*150.00

DOCUMENT # P95000072598 ✓

1. Corporation Name

PhotoVend Network, Incorporated

Principal Place of Business

Mailing Address

349 Bahia Circle  
Longwood, FL 32750 ← Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/18/95

2. Principal Place of Business

2a. Mailing Address

21 349 Bahia Circle

26 349 Bahia Circle

4. FEI Number

59-3351633

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Longwood, FL

28 Longwood, FL

Zip

Zip

24 32750

29 32750

Country

Country

25 USA

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

Trust Fund Contribution

8. This corporation owes the current year intangible

Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ray J. Alexander  
349 Bahia Circle  
Longwood, FL 32750

81 Name Ray J. Alexander

82 Street Address (P.O. Box Number is Not Acceptable)

83 349 Bahia Circle

84 City Longwood

FL

85 Zip Code

32750

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 Ray J. Alexander/President

Ray J. Alexander

4/30/99

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 President ☐ DELETE

NAME Ray J. Alexander

STREET ADDRESS 349 Bahia Circle

CITY-ST-ZIP Longwood, FL 32750

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ray J. Alexander

4/30/99

(407) 596-5996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (1/98)