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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000073578 (3)

FILED May 13 1997 8:00am Secretary of State

1. Corporation Name CUSTOMERS FIRST VENDING, INC. Principal Place of Business 2424 W TAMPA BAY BLVD SUITE A202 TAMPA FL 33607 TAMPA FL 33607-1323										
						3. Date Incorporated or Qualified 09/22/1995	3a. Date 05/01		leport	
2. Principal P	Principal Place of Business 28. Mailing Address 26					4. FEI Number 57 - 329 -NOT-APPLICABLE	98863 Applied For Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State City & State 28						Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Cour	ntry		8. This corporation has liability for		under s		
<u> </u>	9. Name and Address of Curre		190			10. Name and Address of New Re				
RODRIGUEZ, LAWRENCE W 2424 W TAMPA BAY BLVD SUITE A202 TAMPA FL 33607				83 84 City		ss (P.O. Box Number is Not Acceptal	FL ^t		Code	
SIGNATURE 12. TITLE	Signature, typod or printed name or registered as OFFICERS AF	odrane)	NOTE Hegistered 13.	a who	nel	ration submits this statement for the part board of directors. I hereby acce when renstating? ADDITIONS/CHANGES TO OFFICE	DATE TO DE	/28/	77	
NAME STREET ADDRESS	RODRIGUEZ, LAWRENCE 2424 W TAMPA BAY BLVD \$ TAMPA FL 33807	SUITE A202		REE1 ADDRESS						
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TIT	Y-ST-ZIP .E	V		V	Change	Addilion	
NAME	ROE, JAMES E JR	UITE A202	2.2 NA 2.3 S1F	ME REET ADDRESS	Sa	eme, Swite A:	203			
	TAMPA FL 33807	DELETE		Y-ST-ZIP	 			Change	Addition	
NAME STREET ADDRESS		C) Decerte		ME BEET ADDRESS				Change	☐ Adomon	
CITY-ST-ZIP TITLE NAME		DELETE	4 1 TIT 4.2 NA					Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE		DELETE		EET ADDRESS Y-ST-ZIP .e				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			5.2 NA 5.3 ST				.—	•	_	
TITLE NAME STREET ADDRESS		DELETE	6.1 TIT 6.2 NAI	.E				Change	Addition	
CITY-ST-ZIP	by partify that the information overeli			Y-SI-ZIP	1-1-4	n Coolian 110 07/2)(A Florida Statuta	. 16 15	-116 - 41 - T	41.	

I do hereby certify that the information supplied with this filling 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 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.