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**PROFIT** CORPORATION **ANNUAL REPORT** 

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P95000092856 (0)

**HEARTLAND MUSIC & VENDING INC.** Principal Place of Business Mailing Address 2706 FAIRMOUNT DRIVE 2706 FAIRMOUNT DRIVE SEBRING FL 33870 SEBRING FL 33870 3. Date incorporated or Qualified 3a. Date of Last Report 12/04/1995 2. Principal Place of Business 2a. Mailing Address FEI Number 21 Applied For 26 65-06316 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GERVASI, J M Street Address (P.O. Box Number is Not Acceptable) 82 2706 FAIRMOUNT DRIVE SEBRING FL 33870 В3 84 City Zip Code 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agon; and title if applicable. (NOTE: Flogistered Agent signature required when reinstating) TAC 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE DELETE 1. 1 TITLE Change Addition GERVASI, J M NAME 1.2 NAME STREET ADDRESS 2706 FAIRMOUNT DRIVE 1.3 STREET ADDRESS SEBRING FL 33870 City-St-ZiP 1.4 CITY-ST-ZIP TITLE DELETE 2 1 TITLE Change [ ] Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-S1-ZIP TITLE [ ] DELETE 3. 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-S1-ZIP TITLE DELETE 4. 1 THLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY- ST-ZIP TITLE DELETE 5. 1 TITLE Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 THLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZP 64 CITY-ST-ZIP 14. Ido 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 appears in Brock 12 or Block 18 changed, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-385-4222

CRZE034 (12/95)