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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000092856 (0)

HEARTLAND MUSIC & VENDING INC

| Principal Place of Business 2706 FAIRMOUNT DRIVE SEBRING FL 33870 2. Principal Place of Business 21 | | | | | | Mailing Address 2706 FAIRMOUNT DRIVE SEBRING FL 33870 2a. Mailing Address 26 | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/04/1995 4. FEI Number Applied For 65-0631634 Not Applicable | | | |
|--|---------------------|--------------------------------------|-----------|---------------------|----------|---|----------------|-----------|--------------------------------|------------------|-------------------|---|-------------|---------------|------------------------|
| 22 | Suite, Apt. #, etc. | | | | | Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired | | | Additional lequired |
| 22 | City & State | | | | | City & State | | | | | | 6. Election Campaign Financing | | | May Be |
| 23 | | | | | | 28 | | | | | | Trust Fund Contribution | | | to Fees |
| | Zip | <u>}</u> —¬ | | | | · — | | | Dountry | | | 8. This corporation owes or has | | | |
| 24 | | o Name | 25 and | Address of Curre | 29 | slered A | nent | 30 | | | | Personal Property Tax due Jui 10. Name and Address of New I | | | _] No |
| | CE. | | | | | | | | 81 | N | lame | 10, ************************************ | | | |
| GERVASI, J M 2706 FAIRMOUNT DRIVE | | | | | | | | | 82 | _ | Yeart Addres | Idress (P.O. Box Number is Not Acceptable) | | | |
| SEBRING FL 33870 | | | | | | | | | | 0 | Sireet Addres | ss (F.O. Box Nomber is Not Accept | abie) | | |
| 1 | | | | | | | | 83 | | | | | | | |
| | | | | | | | | | 84 | Ċ | City | | | 85 Zip | Code |
| 44 Direction to the provisions of Sections 507.0500 and 507.4509 Florida Statutes the | | | | | | | | | 0.000/ | 2-03 | amod corpo | ration submits this statement for the | FL | e l | ite registered |
| 11, Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, the above-named corporation submits this statement for the purpose 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statules. | | | | | | | | | | | | ept the app | pointment a | registered | |
| 01/ | | titi i dei ii ocir W | η, ε | nd accept the doing | ganons u | n, occioi | 1 007.0000, 11 | ionoa i | Statutos | ٠. | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and tido if applicable. (NOTE: Register | | | | | | | | tered Ago | a Inc | gnature required | whon reinstating) | DATE | | | |
| 12 | | | | OFFICERS AF | VD DIRE | | l buese | | 3. | | | ADDITIONS/CHANGES TO OFF | ICERS AN | | |
| TITL | Į | D | or 1 | | | | DELETE | | .1 TITLE | | ļ | | | ☐ Change | Addition |
| NAM | ME IEET ADDRESS | GERVASI, J M 2706 FAIRMOUNT DRIVE | | | | | | | 1.2 NAME 1.3 STREET ADDRESS | | DELEC | | | | |
| | Y-ST-ZIP | SEBRING FL 33870 | | | | | | | 1.4 CITY-ST-ZIP | | | | | | |
| TITL | | S | <u> </u> | | | | DELETE | | .1 11TLE | 11-21 | | | | Change | Addition |
| NAN | AE . | JOHN F | POLI | (| | | | 2 | 2 NAME | | İ | | | - | |
| STR | EET ADDRESS | 1305 LAKESIDE WAY | | | | | | | 2.3 STREET ADDRESS | | | | | | |
| CIT | Y-ST-ZIP | SE8RIN | G F | <u></u> | | | | 2 | . 4 CHTY-5 | S1- <i>7</i> | MP . | | | | |
| TITL | .E | | | | | | DELETÉ | 3 | .1 TITLE | | | | | Change | Addition |
| NAA | AE . | | | | | | | 3. | .2 NAME | | 1 | | | | |
| STR | EET ADDRESS | | | | | | | 3 | .3 STREET | ADD | DRESS | | | | |
| | Y-ST-ZIP | | | | | | DUETE | | 4. CITY-S | ST- Z | 'IP | | · | 10: | 1.0000 |
| TITL | | | | | | | L_] DELETE | | 1 TITLE | | ŀ | | | L Change | ☐ Addition |
| NAN | | | | | | | | | 2 NAME | | | | | | |
| | EET ADDRESS | | | | | | | - 1 | 3 STREET | | | | | | |
| TITL | Y-ST-ZIP | | | | | | DELETE | _ | .4 CITY - S .1 TITLE | 1-21 | P | | | Change | Addition |
| NAN | | | | | | | Land December | | .1 MAME | | | | | — Alminge | nuorion |
| 1 | EET ADDRESS | | | | | | | | .2 NAME .3 STREET | ADD | DRESS | | | | |
| Į. | Y-ST-ZIP | | | | | | | ı | 4 CHY-S | | 4 | | | | |
| TITL | | | | | | | DELETE | | .1 TITLE | | | | | Change | Addition |
| NAN | | | | | | | | | .2 NAMÉ | | | | | , | |
| í | EET ADDRESS | | | | | | | | 3 STREET | ADD | DRESS | | | | |
| | -ST-ZIP | | | | | | | | 4 CITY - S | | | | | | |

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information indicated on this annual report or supplemental annual report is true and occurate 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 be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or an attachment with an address.