

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

FILED

**Jun 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000097780
 1. Corporation Name
Premier Vending & Amusements, Inc.
12915 Oak Shadow Place
Tampa, FL 33624

Principal Place of Business	Mailing Address
7941 N. Armenia Ave. Tampa, FL 33604	12915 Oak Shadow Place Tampa, FL 33624

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12-22-95	5-96
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-3372194	Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input checked="" type="checkbox"/>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Neal Weinstein 601 N. Franklin St. Ste 610 Tampa, FL 33602				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL			

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 _____ (NOTE: Registered Agent's signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres.	11. TITLE	Sec.
NAME	Andrew S Kline	12. NAME	Brenda J. Kline
STREET ADDRESS	12915 Oak Shadow Pl Tampa FL 33624	13. STREET ADDRESS	12915 Oak Shadow Pl Tampa FL 33624
CITY-ST-ZIP		14. CITY-ST-ZIP	
TITLE		21. TITLE	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE		31. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	
		500002210365 -06/12/97--01066--017 ***173.75	

14. I 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 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.

SIGNATURE:  **Brenda J. Kline Sec.** 813-930-8363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

Handwritten: RW 6-10-97