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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000097780 (7)

7941 N. ARMENIA AVENUE TAMPA FL 33604	7941 N. ARMENIA AVENUE TAMPA FL 33604		
2. Principal Place of Business	2a. Mailing Address		
	}		

FILED May 05 1998 8:00am Secretary of State

PREMIE	R VENDING & AMUSEMEN	ITS, INC.			18 18 18 18 18 18 18 18
Principal Place	e of Business	Mailing Address		T TOURIDE I FED SOIND WHAT ODIN ONLY ONLY ONLY ONLY	0313 10011 10001 K\$HI 0011 1001
7941 N. ARMENIA AVENUE 7941 N. ARMENIA AVENUE TAMPA FL 33604 TAMPA FL 33604			IE	DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualified	
				12/22/1995	
2, Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3372194	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· 	_	\$8.75 Additional
22 27			5. Certificate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23 28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	Name and Address of Current	nt Registered Agent		10. Name and Address of New Registers	d Agent
WE	INSTEIN, NEIL		81 Name		
601 N FRANKLIN ST SUITE 610			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	·
	MPA FL 33602		00017100	TO BOX HUMBON IN NOT RECORDING	
]			83		
			00 00		leal 3- Onda
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above-named cor		
office or r	egistered agent, or both, in the State	of Florida Such change was a	authorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
	m lamiliai with, and accept the onig	alibris of, Section 607.0505, Fit	orida Statutes.		1
SIGNATURE	Signatura, typed or printed name of registered age	on and the disoplication (NOT	E Registered Agent signature requi	ired when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	Р	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KLINE, ANDREW S.		1.2 NAME		
STREET ADDRESS	12915 OAK SHADOW PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP		
TITLE	S	DELETE	2.1 TITLE		Change Addition
NAME	KLINE, BRENDA		2.2 NAME		
STREET ADDRESS	12915 OAK SHADOW PLACE		2.3 STREET ADDRESS		
1				•	
CITY-ST-ZIP TITLE	TAMPA FL 33624	DELETE	2.4 City-St-ZiP 3.1 Title		Change Addition
NAME		Dittil	3.2 NAME		CT CHOUSE CT MOUNTED
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
l l		☐ percit	4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ bereit	5.1 TITLE	•	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.