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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P96000007435** (6)

BAYSIDE VENDING SERVICE, INC.

Principal Place of Business

Mailing Address

8263 CAUSEWAY BLVD STE C

8263 CAUSEWAY BLVD STE C TAMPA FL 33619-6521 FILED
May 15 1997 8:00am
Secretary of State

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· · · · · · · · · · · · · · · · · · ·								<ol> <li>Date Incorporated or Qualified 01/24/1996</li> </ol>	ate of Last Report			
21 826	Place of Busi	LSEWAY Blvd.	26 826	ng Address	مهجوما	M	Blud	Q.	4. FEI Number <b>59-3358945</b>		No	oplied For ot Applicable
Suite, Ap	itec	·		. Apt. #, etc	0				5. Certificate of Status Desired		,	Additional equired
City & St	ate ~~~	FLORIDA		& State	F	Lo	CLDA		Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip 24 33	હ૧	Country 25 USA	29 <b>3</b>	3619	30 Co	intry US	SA .		8. This corporation has liability for Florida Statutes		tax under s	. 199.032,
	9. Name	and Address of Current	Registered	Agent		I,	,	1	0. Name and Address of New Re	gistered /	Agent	
	JRO, MATTH					81	Name	No	ONE			
303 HWY 60 WEST						82	Street Ac	ddress	(P.O. Box Number is Not Acceptate	ole)	#*************************************	
PU	ant city fl	. 33567				83						
						84	City			FL	<b>85</b> Zip	Code
office of	r registered as I am familiar w	gent, or both, in the State o ith, and accept the obligat	f Florida Su ions of, Sect	ch change wa ion 607.0505,	as authorizo Florida Sta	d by tutes	the corpo	oration'	tion submits this statement for the p s board of directors. I hereby accep	ol the app		
12.	Signature types	OFFICERS AND			NOTE Registers	d Age	est signature re	equired w	hen reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND	DIRECTOR	RS IN 12
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NAME	ŀ				5.2 N	AME						
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TITLE	T			DELETE	6.1 T						Change	Addition
NAME					6.2 N	AMC						
STREET ADDRESS	s				638	îri Li	ADDRESS					
CITY-ST-ZIP			TO THE PERSON NAMED IN COLUMN TO THE			ITY-S						
14. I do her informa	reby certify that tion indicated	at the information supplied on this annual report or su	with this filin emental a	g does not qu annu i report i	alify for the is true and	accu exe	mption sta	ated in that my	Section 119.07(3)(i), Florida Statute signature shall have the same lega required by Chapter 607, Florida S	s. I further	certify that if made un	the der oath; tha
appears	s in Block 12 o	or Block 13 if changed to	on an altach	ing it with an a	address.	UNUU	oa ms rep	port as	пединей ру Спартег 607, гюнов 8	natures, at	io triat my f	iaitil