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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio BAYSID	DE VENDING SERVICE, INC					
Principal Place of Business		Mailing Address		i (00(188) (18 18110 81111 88111 88111 88111 8	TÜİN TÜRK GIĞƏR INIDI GİLI TƏBI	
8269 CAUSEWAY BLVD STE C TAMPA FL 33619		8263 CAUSEWAY BLVD STE C Tampa Fl 33619 US				
				DO NOT WRITE IN THIS SPACE		
		03			3. Date Incorporated or Qualified	
					01/24/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3358945	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			A Floring Committee Figure 1	
23		28		8. Election Campaign Financing Trust Fund Contribution □	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes X No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registers	ed Agent
	RO, MATTHEW		81	Name		
	HWY 60 WEST		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
PL/	NT CITY FL 33567		83			
			63			
			84	City	F	85 Zip Code
44 Purevant	to the provisions of Sections 607.05	02 and 607 1509 Florida Statut	as the about	o named core	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	
agent. La	m familiar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Statute	S.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE			TODATORO TO CATALOTO	Change Addition
NAME	CAIRO, MATTHEW		1.2 NAME 1.3 STREET ADDRESS			
STREET AODAESS	303 HWY 60 WEST					
CITY-ST-ZIP	PLANT CITY FL 33587		1.4 CITY - ST - ZIP			
TITLE		DELETE	2.1 TITLE	ŀ		Change Addition
NAME			2.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP	DELETE		2.4 CITY-	ST - ZIP		Change Addition
TITLE NAME			3.1 TITLE 3.2 NAME			Change Addition
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			3.5 SINCE			
TITLE	DELETE		4 1 THILE	SI - EIF		☐ Change ☐ Addition
NAME			4.2 NAME			- · -
STREET ADDRESS	ss			ADDRESS		
CITY - ST - ZIP			4.4 CITY - S			
TITLE			5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - 5	ST - ZIP		
TATLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		

14. Thereby 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 arrival report or supplemental arrival 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 received trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an apacity of with an address.

FILED

May 14 1998 8:00am

Secretary of State