FILED

Mar 11, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000081159**1. Corporation Name

K.H. VENDING CORPORATION

Principal Place	e of Business	Mailing Address]	1 (441)	[1]10 (011E 011	, .			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
120 NEW LAKE DRIVE BOYNTON BEACH FL 33426 120 NEW LAKE DRIVE BOYNTON BEACH FL 33426			i.					50.11	o	ee w T	UIO OD 4 OF		
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Principal Place of Business 2a. Mailing Address						4. FEI Number 65-0737183					17		ied For
21		26				<u>b</u>	5-0/3/	183		•	<u> </u>		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. C	ertifcate o	f Status De	esired		7	P Requ	lditional uired
City & State City & State 28						6. Election Campaign Financing 55.00 May Be Trust Fund Contribution Added to Fees							
Zip	Country	<u></u>	Country	'						rent year	Intangible	_	٦.,
24	25	29 30						operty Tax		D	Yes	L	□No
	9. Name and Address of Curre	nt Registered Agent		N		10. N	ame and	Address		- A	ea Agent		
KAN	G HOUEA		81	Name	3	KA	ANG.	, П°	J	EA			
KANG, HO JEA 120 NEW LAKE DRIVE BOYNTON BEACH FL 33426			82	Stree		ess (P.O. Box Number is Not Accep				able)			
			83		304	<i>K</i>	LCH	UP	VK	_			
501	MON DESCRIPE SOME		63		-					•			
			84	City	/a) A	EST	pala	n bea	ch		85	Zip Co	ode /
		02 and 607.1508, Florida Statutes, th				- 1	uhmita thi	c etatemen	t for the	numne	of changin	o its re	egistered
office or r	registered agent, or both, in the State	e of Florida. Such change was authori	zed by	the cor	poration	n's boar	d of direct	ors. I here	by acce	pt the ap	pointment a	s regi	stered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida S	tatutes	5.									
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Regist		ot eignatur	n required	udan rain	etation)			DATE			
12.			13.	iii signatui	a required			CHANGES	TO OF		AND DIRE	CTOR	RS IN 12
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NAME	KANG, HO JEA	_	2 NAME		'	~ ~ ~	14,	но Ј	CA >}iv				
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TITLE			1 TITLE	<u> </u>							☐ Cha	nge	Addition
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CITY-ST-ZIP TITLE			4 CITY-S	ST-ZIP	-				·- 		Cha	nge	☐ Addition

14. 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

5-61) 641 - 6847