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



Sandra B. Mortham

| COI ANN | PROFIT RPORATION UAL REPORT 1997 MENT # P9600 | Sandra I Secreta | RTMENT OF STATE B. Mortham rry of State CORPORATIONS | | |
|---|--|---|--|--|--|
| CUSTO | M VENDING, INC. De of Business DO ROAD | Mailing Address 1833 MAYWOOD ROAD WINTER PARK FL 32782-1 | 022 | | |
| 2. Principal F 21 Sulte, Apt. | Place of Business | 2a. Mailing Address 26 Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 10/11/1996 4. FEI Number 59 ~ 3404958 5. Certificate of Status Desired | Applied F. Not Applied \$8.75 Addition |
| City & Ster | le . | City & State | | G. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 9. Name and Address of Curr | Zip 29 | Country 30 | 8. This corporation has liability for in Florida Statutes 10. Name and Address of New Reg | Yes 🔲 No |
| 11. Pursuant | to the provisions of Sections 607.06 | 502 and 607, 1508, Florida Statut | 83 84 City | poration submits this statement for the pu | FL 85 Zip Code |
| 11. Pursuant office or agent. I s SIGNATURE | | | es, the above-named cor authorized by the corpora orida Statutes. | poration submits this statement for the pution's board of directors. I hereby accept | Jrpose of changing its regist t the appointment as registe |
| SIGNATURE | Signature, typed or printed name of registered a | agent and title if applicable. (NO | 84 City | | PL |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered a OFFICERS A D WINDHAM, ROGER 1833 MAYWOOD RD. | agent and title if applicable. (NO | es, the above-named corporal corporal Statutes. E: Registered Apent signature requestable and the corporal statutes. 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS | uired whon reinstating) | PL |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | D WINDHAM, ROGER 1833 MAYWOOD RD. WINDHAM, REBECCA 1833 MAYWOOD RD. WINDHAM, REBECCA 1833 MAYWOOD RD. | agent and title if applicable. (NO | es, the above-named corporal pathorized by the corporal orida Statutes. E: Registered Agent signature required to the corporal statutes. 13. 11 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-7IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | uired whon reinstating) | PL |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-61-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | D WINDHAM, ROGER 1833 MAYWOOD RD. WINDHAM, REBECCA 1833 MAYWOOD RD. WINDHAM, REBECCA 1833 MAYWOOD RD. WINDHAM, REBECCA 1833 MAYWOOD RD. WINTER PARK FL 32792 D RANDALL, RAYMOND D 4857 CASON COVE DRIVE, A | agent and title if applicable. (NOI NO DIRECTIORS DELETE DELETE DELETE | es, the above-named corporal pathorized by the corporal orida Statutes. E Registered Agent signature required to the corporal orida Statutes. 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | uired whon reinstating) | PL Urpose of changing its registe the appointment as registe DATE ERS AND DIRECTORS IN 12 Change Acceptable |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$4-ZIP TITLE NAME STREET ADDRESS CITY-\$5-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | DEFICERS A D WINDHAM, ROGER 1833 MAYWOOD RD. WINTER PARK FL 32792 D WINDHAM, REBECCA 1833 MAYWOOD RD. WINTER PARK FL 32792 D RANDALL, RAYMOND D 4657 CASON COVE DRIVE, A ORLANDO FL 32811 D RANDALL, KRISTI 4857 CASON COVE DRIVE, A | APT 2916 | es, the above-named corporal control of the corporal or the co | uired whon reinstating) | DATE Change Acc |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$4-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME | D WINDHAM, ROGER 1833 MAYWOOD RD. WINTER PARK FL 32792 WINDHAM, REBECCA 1833 MAYWOOD RD. WINTER PARK FL 32792 D WINTER PARK FL 32792 D RANDALL, RAYMOND D 4657 CASON COVE DRIVE, A ORLANDO FL 32811 D RANDALL, KRISTI | APT 2916 | es, the above-named corporal control of the corporal or the co | uired whon reinstating) | DATE Change A |

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 eath; 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:

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SIGNATURE TIL (Plated WINGHAM

(407) 297-0866