


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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000091806 (5)

1. Corporation Name

QUALITY FOOD & VENDING MANAGEMENT INC.

Principal Place of Business

13839 TERN LANE  
CLEARWATER FL 34622

Mailing Address

13839 TERN LANE  
CLEARWATER FL 34622



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/04/1996	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-3417270	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent CLESAS, JAMES G JR. 13333 RIDGE RD APT 2701 LARGO FL 33778				10. Name and Address of New Registered Agent 81. Name ANN P. CLESAS 82. Street Address (P.O. Box Number is Not Acceptable) 13839 TERN LN. 83. City CLEARWATER FL 85. Zip Code 33762	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					

9. Name and Address of Current Registered Agent

CLESAS, JAMES G JR.  
13333 RIDGE RD APT 2701  
LARGO FL 33778

10. Name and Address of New Registered Agent

81. Name ANN P. CLESAS  
82. Street Address (P.O. Box Number is Not Acceptable)  
13839 TERN LN.  
83. City CLEARWATER FL 85. Zip Code 33762

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Ann P. Clesas*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

4-27-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLESAS, JAMES G JR.	1.2 NAME	
STREET ADDRESS	13333 RIDGE RD APT 2701	1.3 STREET ADDRESS	13560 FEATHER SOUND CIRCLE WEST
CITY-ST-ZIP	LARGO FL 33778	1.4 CITY-ST-ZIP	APT. 1809 33762
TITLE	VT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLESAS, ANN P	2.2 NAME	
STREET ADDRESS	13839 TERN LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34622	2.4 CITY-ST-ZIP	33762
TITLE	MCD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLESAS, JAMES G SR	3.2 NAME	
STREET ADDRESS	13839 TERN LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34622	3.4 CITY-ST-ZIP	33762
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLESAS, KIMBERLY A	4.2 NAME	
STREET ADDRESS	3104 PRIMROSE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *James G. Clesas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-98 8:13-573-3446

DATE

DAYTIME PHONE #

039613

CR2E034 (10/97)