

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

FILED

**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000093978 (0)
 1. Corporation Name
ED'S VENDING, INC.



Principal Place of Business 65 DAVIS BLVD., STE. C TAMPA FL 33606	Mailing Address 55 DAVIS BLVD., STE. C TAMPA FL 33606-3444
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2. Principal Place of Business 21 Tampa General Hospital		2a. Mailing Address 26 418 Danube Avenue		3. Date Incorporated or Qualified 11/13/1996	3a. Date of Last Report n/a
22 Davis Island		27		4. FEI Number 59-3414319	Applied For Not Applicable
23 Tampa, Florida		28 Tampa, Florida		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33606		25 Hillsborough		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
29 33606-3714		30 Hillsborough		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SANDERS, EDWARD E 65 DAVIS BLVD., STE. C TAMPA FL 33606				10. Name and Address of New Registered Agent			
81 Name Edward Sanders		82 Street Address (P.O. Box Number is Not Acceptable) 418 Danube Avenue		83		84 City Tampa	
85 Zip Code 33606-3714		86 State FL		87		88	

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 _____ DATE **3/22/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	President Edward Sanders
STREET ADDRESS		1.3 STREET ADDRESS	418 Danube Avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Tampa, FL 33606-3714
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Vice President Michelle L. Chapman
STREET ADDRESS		2.3 STREET ADDRESS	8703 Orangeview Ave.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tampa, FL 33610
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Secretary/Treasurer Edward E. Sanders
STREET ADDRESS		3.3 STREET ADDRESS	418 Danube Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tampa, FL 33606-3714
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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: _____ DATE: **3/9/97** **813/257-7518**

CR2E034 (9/96)