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

DOCUMENT # P97000032083 (2)

VENDING MACHINE DEPOT, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				11/10 1/01/ 40 /01 10/00 1/11 100/	
6601 LYONS RD. SUITE D4 6601 LYONS RD. SUITE D4					
COCONUT CREEK FL 33073	OCONUT CREEK FL 33073			DO NOT WRITE IN THIS	ODAOE
				3. Date Incorporated or Qualified	SPACE
				04/08/1997	
2. Principal Place of Business 2a. I	Mailing Address			4. FEI Number (4. / 8C	Applied For
21				65-0746485	Not Applicable
<u></u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	Dit. 9 Chata				Fee Required
23 28	Dity & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		Country		This corporation owes or has paid the cu	
24 25 29	30				Yes No
Name and Address of Current Register				10. Name and Address of New Registered	Agent
WOLLMANN, DAN D		81	Name		į
6601 LYONS RD, SUITE D4		82 Street Addre		dress (P.O. Box Number is Not Acceptable)	
COCONUT CREEK FL 33073		83			
		84	City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607	1508, Florida Statutes, the	e above	-named cor	noration submits this statement for the purpose of	f changing its registered
office or registered agent, or both, in the State of Florida agent. Lam familiar with, and accept the obligations of	 Such change was author Section 607.0505. Florida 9 	rized by Statutes	the corpora	ition's board of directors. I hereby accept the app	pointment as registered
SIGNATURE					
Signature, typed or ponied name of registered agent and tibe if			nt signature requ	lired wher reinstating) DATE	
12. OFFICERS AND DIRECT	The second secon	1 3. -1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN 12
NAME WOLLMANN, DAN D		.2 NAME			C Cliange C Addition
STREET ADDRESS 6601 LYONS RD, SUITE D2		.3 STREET	ADDRESS		
CITY-ST-ZIP COCONUT CREEK FL 33073	,	.4 CITY-ST			
TITLE D		1 TITLE			☐ Change ☐ Addition
NAME RAY, MARK	2.	.2 NAME			
STREET ADDRESS 6601 LYONS RD, SUITE D2	2.	.3 STREET	ADDRESS		
CITY-ST-ZIP COCONUT CREEK FL 33073		. 4 CITY - S	T-ZIP		
TITLE		.1 TITLE			☐ Change ☐ Addition
NAME		.2 NAME			
STREET ADDRESS CITY-ST-ZIP		I.3 STREET A I.4. CITY-S'	i		1
TITLE		.1 TITLE	1-712		Change Addition
NAME		. 2 NAME			
STREET ADDRESS		.3 STREET A	ADDRESS		
CITY-ST-ZIP		4 CITY-ST	1		
TITLE	DELETE 5.	.1 TITLE			Change Addition
NAME	5.	2 NAME			
STREET ADDRESS	5	3 STREET A	ADDRESS		
CITY-ST-ZIP		4 CITY-ST	- ZIP		
TITLE		d THTLE			☐ Change ☐ Addition
NAME		.2 NAME			
STREET ADDRESS		3 STREET /			
City-SI-ZIP 14. hereby certify that the information supplied with this filling		4 City-St		Section 119 07/3)(i) Florida Statutes Uturibor or	artify that the information

indicated on this enriulal report or supplied minutal 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 once attachment with an address.