## 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 # 1. Corporation Name P97000033239 (9)

VENDING ASSOCIATES, INC.

## **FILED** Apr 30 1998 8:00am Secretary of State



Principal Plac	e or Business	Mailing Address												
102 N.E. 2ND			1											
BOCA RATON	A RATON FL 33432 BOCA RATON PL 33432					DO NOT WRITE IN THIS SPACE								
							3. Date Incorporated or Qualified							
					•	Of QUAIN	<del>o</del> u							
9 Principal P	Place of Business	2a. Mailing Address					/11/1 i Numb						Applied For	
		26 201 N.1	£,5	th	Ave.		5 9	" _ "~	441	45	39	-	Not Applica	—∹
Suite, Apl.		Suite, Apt. #, etc.			1000	<u> </u>	<u>ا ر</u>		<del>, , ,</del>	10	<u> </u>		Additional	
22 27						5. Cer	rtificate	of Status	Desired	· [	]		r Additional Required	'
City & Stat		~	S Ele	otion C	amosian	Financin				O May Be	$\dashv$			
23 Boca Katon, FL 28 Boca Kato					FL			d Contrib		"g	]		d to Fees	
₩334	32 Country	291 33432	Cour 30	itry ,	$\mathcal{A}$				ves or ha Fax due <b>.</b>		ne chrre	pt year I Yes	Intangible	
<u> </u>	9. Name and Address of Current R		1301						s of Nev		ered A	<b></b>	110	$\dashv$
CM				<b>B1</b> N	ame									
	IITH, GLEN R 1 N.E. 5TH AVE.							<u>am</u>						
	<b>B2</b> S1	treet Addre	ess (P.O.	Box Nu	ımber iş i	Not Acce	ptable)							
B0	ICA_RATON FL 33432-4056		-	B3	·									
			ŀ	<b>84</b> C	ity		•				FL	85 Zij	p Code	
11. Pursuant	to the provisions of Sections 607.0502 ar	nd 607.1508, Florida Statut	es, the ab	ove-na	med corp	oration su	bmits t	his state	nent for t	he nurno	ose of c	hanging	its register	ed
office or r	registered agent, or both, in the State of F irm familiar with, and accept the obligation	"forida. Such change was a	authorized	by the	e corporati	on's boar	d of dir	ectors. I	hereby a	ccept the	e appoi	ntment a	as registere	d
_	an ignition with and accept the congular	13 01, 30001011 007.0303, 110	orida Olak	103.										
SIGNATURE	Signature, lypiod or printed name of registered egent an	d title if applicable (NOT	E Registered	Agent sig	gnature require	ed when reins	stating)	<del></del>	<del></del> .	D	ATE		···	ے  -
12.	OFFICERS AND D	IRECTORS	13.			ADD	ITIONS	CHANG	ES TO O	FFICERS	S AND [	DIRECTO	DRS IN 12	
TITLE		DELETE	1.1 TiT	.E		600	?1. <u>ĕ</u>	1675	7 . 7	<u></u>	L	Change	Addi Addi	tion
NAME			1.2 NAI	νIE	(	G/6~	, h	ر. <i>ب</i>	W334	ιŅ.			•	
STREET ADDRESS			1.3 STF	EET ADDI	RESS 2	201	12.	JE	) IV	120	€'			}
CITY-ST-ZIP			1.4 CIT	Y-ST-ZIF	$^{\circ}$ $\mid \mathcal{E}$	کمدم	R	x+cx	s . F	<u>-</u>	33	543	2	
TITLE		☐ DELET <b>e</b>	2.1 TITI	.E					, -		Ī.	Change	Addi	tion
NAME	22 N			VIE						-				
STREET ADDRESS	23\$			EET ADD	RESS									
City-\$1-ZiP	2.46			Y-ST-7	P					-				
TITLE		☐ DELET <b>E</b>	3.1 TITI	.E		,		•				Change	Addi 🔲 Addi	tion
NAME			3.2 NA!	ΝE										
STREET ADDRESS			3.3 STF	EET ADD	RESS									
CITY-ST-ZIP	_		3.4. CIT	Y-ST-20	Р									
TITLE		☐ DELETE	4.1 TITI	.E								Change	Addi 🗌 Addi	tion
NAME			4. 2 NA	ME										
STREET ADDRESS			4.3 STF	EET ADD	RESS									
CITY-ST-ZIP			4.4 C(T	Y - ST - ZiF	,									i
TITLE		☐ DELET <b>E</b>	5.1 TiTl	.E		,						Change	Addi	tion
NAME			5.2 NA	ΛE										
STREET ADDRESS			5.3 STF	EET ADDI	RESS									- 1
CITY-ST-ZIP			5.4 CIT	Y - ST - ZIF	>									İ
TITLE		☐ DELETE	6.1 TITI			,				-		Change	Addi	lion
NAME			6.2 NA	<b>AE</b>										
STREET ADDRESS			6.3 STF	EET ADDI	RESS									
CITY-ST-ZIP				Y - ST - ZIF										
	certify that the information supplied with t	his filing does not qualify fo				Section 11	19.07(3	)(i) Flori	da Statute	es. I furth	ner certi	fy that th	ne informati	on