## 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 #

P97000041755 (4)

MISTRY VENDING INC.

## **FILED** Jan 28 1998 8:00am Secretary of State



al Place of Business Mailing Address		
811 LYONS ROAD #20203 811 LYONS ROAD #20203 COCONUT CREEK FL 33063 COCONUT CREEK FL 33063 DO NOT WRITE IN THIS SP.	. DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified		
06/01/1997		
	Applied For	
2a. Mailing Address 2a. Mailing Address 4. FEI Number 5-0755097	Not Applicable	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired	\$8.75 Additional	
22 27	Fee Required	
City & State City & State 6. Election Campaign Financing	\$5.00 May Be	
28 Trust Fund Contribution	Added to Fees	
Zip Country Zip Country 8. This corporation owes or has paid the current Property To the home 20	nt year Intangible Yes \sum No	
24 25 29 30 Personal Property Tax due June 30. L 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent		
D1 Nama	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MODAS, DANIEL A		
1215 SE 2ND AVE. #202  B2 Street Address (P.O. Box Number is Not Acceptable)	82 Street Address (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33335		
FL	85 Zip Code	
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 Signature, typed or printed name of registered agent, and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12	
	Change Addition	
NAME MISTRY, DALPAT G 1.2 NAME		
STREET ADDRESS 811 LYONS ROAD #20203 1.3 STREET ADDRESS	Į.	
CITY-ST-ZIP COCONUT CREEK FL 33063 1.4 CITY-ST-ZIP		
TITLE T DELETE 2.1 TITLE	Change Addition C	
NAME MISTRY, SUSHILA D 2.2 NAME		
STREET ADDRESS 811 LYONS ROAD #20203 23 STREET ADDRESS		
CITY-ST-ZIP COCONUT CREEK FL 33063 2.4 CITY-ST-ZIP		
TITLE VP DELETE 3.1 TITLE	Change Addition	
NAME MISTRY, VINESH D 3.2 NAME		
STREET ADDRESS 811 LYONS ROAD #20203 3.3 STREET ADDRESS		
CITY-ST-ZIP COCONUT CREEK FL 33063 3.4. CITY-ST-ZIP	Change Addition	
	Change Addition	
NAME 4. 2 NAME		
STREET ADDRESS 4.3 STREET ADDRESS		
CITY-ST-ZIP	Change	
CITY-ST-ZIP	Change Addition	
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 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 certification in the control of the co	fy that the information	

indicated on this annual report or supplemental annual roport 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.