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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000006953

1. Corporation Name
THE VENDING PEOPLE INC.

Principal Place of Business
 22553 SW 66TH AVE VILLA 401
 BOCA RATON FL 33428

Mailing Address
 22553 SW 66TH AVE VILLA 401
 BOCA RATON FL 33428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 21313 Rock Ridge Dr.		2a. Mailing Address 26 P.O. Box 971522		3. Date Incorporated or Qualified 01/20/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-0816263	
23 City & State Boca Raton, Florida		28 City & State Boca Raton, Florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33428		25 County Palm Beach		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 33497-1522		30 Palm Beach		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent DYCKOFF, ROBERT A 22553 SW 66TH AVE VILLA 401 BOCA RATON FL 33428				10. Name and Address of New Registered Agent	
				81 Name Dyckoff, Robert A	
				82 Street Address (P.O. Box Number is Not Acceptable) 21313 Rock Ridge Drive	
				83	
				84 City Boca Raton FL 85 Zip Code 33428	

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert A. Dyckoff	1.2 NAME	Robert A. Dyckoff
STREET ADDRESS	21313 Rock Ridge Drive	1.3 STREET ADDRESS	21313 Rock Ridge Drive
CITY-ST-ZIP	Boca Raton, Florida 33428	1.4 CITY-ST-ZIP	Boca Raton, Florida 33428
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Dyckoff **2/11/99** **(561)470-2203**

Date

Daytime Phone #

CR2E034 (1/198)