Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90006 032 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000037529

1. Corporation Name

NAME

STREET ADDRESS

JR VENDING SERVICES, INC.

Principal Place of Business			Mailing Address				A IMPAIRMANTE SOCIAL INTIC CARRES MANUE MAIN AND ANNE MANUE MAIN AND
1300 E HILLSBOROUGH BLVD			1300 E HILLSBOROUGH BLVD				
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441				141			DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							04/24/1998
2 Principal P	lace of Business	2a	, Mailing Address				4. FEI Number Applied For
2. 1 ATTCIPATE	Principal Place of Business 2a. Mailing Address 26						65-0830514 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional	
27							5. Certifcate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be		
23		28					Trust Fund Contribution Added to Fees
Zip	Country		Zip	Cou	intry		8. This corporation owes the current year Intangible
24	25	29	<u> </u>	30			Personal Property Tax. Yes 12 No
	9. Name and Address of Curren	t Regis	stered Agent		<u> </u>	T	10. Name and Address of New Registered Agent
DOB	EDTO JAMIE EDWADD				81	Name	
	ERTS, JAMIE EDWARD				82 Street Address (P.O. Box Number is Not Acceptable)		
1300 E HILLSBOROUGH BLVD DEERFIELD BEACH FL 33441						ļ	
DECI	KPIELU DEAUTI FE 33441				83		,
					84	City	85 Zip Code
						'	FL S E S E S E S E S E S E E
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. 					ору	the corpora	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered ager				I Ager	nt signature req	quired when reinstating) DATE
12.	OFFICERS AN	D DIRI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OPTS		☐ DELETE	1.1 TF			Distance Dynamics
NAME	ROBERTS, JAMIE EDWARD			1.2 N/			
STREET ADDRESS	1300 E HILLSBOROUGH BLVD			1.3 \$7	TREET	T ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		77.555	_		T-ZIP	☐ Change ☐ Addition
TITLE			☐ DELETE	2.1 Tr			∫ Ottatiĝe
NAME				2.2 N/			
STREET ADDRESS				2.3 S1	TREE1	TADDRESS	
CITY-ST-ZIP				_		ST-ZIP	Change Addition
TITLE			☐ DELETE	3.1 TT	TLE		☐ Change ☐ Addition
NAME				3.2 N	AME		
STREET ADDRESS				3.3 S7	TREE	TADDRESS	
CITY-\$T-ZIP				3.4. C	9-YTK	ST-ZIP	Classe Cladities
TITLE			☐ DELETE	4.1 TI	ITLE		Change Addition
NAME				4 2 N	NAME		
STREET ADDRESS				4.3 5	TREE	TADDRESS	
CITY-ST-ZIP				4.4 CI	ITY-S	T-ZIP	
TITLE			☐ DELETE	5.1 TI	ITLE	1	☐ Change ☐ Addition
NAME				5.2 N	AME		•
STREET ADDRESS				5.3 S	TREE	T ADORESS	
CITY-ST-ZIP	<u></u>					T-ZIP	
TITLE			□ DELETE	6.1 TI	ITLE	T	Change Addition

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 or an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE