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 # P9800041452 1. Corporation Name ALTERNATIVE VENDING CONCEPTS, INC.							11/11 48 111 88 121 8	1 86 1 (2 6	na 81881 81118 1181 188
	· · · · · · · · · · · · · · · · · · ·								
Principal Pla	ace of Business	Mailing Address							
	y Club RD S-6 EACH FL 33062	3217 COLONY CLUB RD S-6 POMPANO BEACH FL 33062				DO NOT WRI	TE IN THIS	SPAC)E
						3. Date Incorporated or Qualifed 05/01/1998			
⊢ '	Place of Business	2a. Mailing Address				4. FEI Number 65-083 4006	<u>-</u> ,	-	Applied For Not Applicable
	ot. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			.75 Additional ee Required
City & St	ate	City & State				Election Campaign Financing Trust Fund Contribution			5.00 May Be
Zip	Country	Zip	Coun	ntry		This corporation owes the curr Personal Property Tax.		ngible	
1	9. Name and Address of Cur					10. Name and Address of New I	Registered /	Agent	
DU	IRKAN, LISA		L	81	Name				
3217 COLONY CLUB RD S-6				82	Street Add	dress (P.O. Box Number is Not Accepta	able)		
POMPANO BEACH FL 33062				83					
				84	City		FL	85	
office o	nt to the provisions of Sections 607. r registered agent, or both, in the Sta am f iliar with, and accept the obl	ate of Florida. Such change was aut	tnonzea	DV I	named cor he corpora	poration submits this statement for the tion's board of directors. I hereby acce	purpose of pt the appoir	chang ntmen	ing its registered t as registered
SIGNATUR	Signature, typed or printed name of registered	agent and title if applicable (NOTE: F	Registered A	Agent	signature requi	red when reinstating)	DATE		
12.		AND DIRECTORS	13.	•	•	ADDITIONS/CHANGES TO OF	FICERS AN	D DIF	RECTORS IN 12
TITLE	D	☐ DELETE	1,1 1171	LE				□c	hange

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90004 013 ***150.00

Applied For Not Applicable \$8.75 Additional

office or re agent. I ar	agistered agent, or both, in the State of Florida. Such change was auton figures with and accept the obligations of, Section 607.0505, Florida.	a Statutes.	rations board of directors. Thereby accept the appointment as registered					
SIGNATURE -	en e							
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R		tered Agent signature required when reinstating) . DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN T					
TITLE	D DELETE	1,1 TITLE		110011				
NAME	DURKAN, LISA C	1.2 NAME	•					
STREET ADDRESS	3217 COLONY CLUB RD S-6	1.3 STREET ADDRESS		-				
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP						
TITLE	☐ DELETE	2.1 TITLE	Change	dition				
NAME.		2.2 NAME						
STREET ADDRESS	Market and the second of the s	2.3 STREET ADDRESS						
CITY-ST-ZIP		2.4 CITY-ST-ZIP						
TITLE	□ DELETE	3.1 TITLE	☐ Change ☐ Ad	dition				
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Ad	dition				
NAME		4.2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ OELETE	5.1 TITLE	☐ Change ☐ Ad	dition				
NAME		5.2 NAME		,				
STREET ADORESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Ad	dition				
NAME	•	6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP		6.4 CITY-ST-ZIP						
			1: C. C. A40 07/07/C First Control 16 other contife that the information					

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:

Date