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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000062814

VENDING SERVICE SYSTEMS, INC.

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Principal Place of Bo	usiness	Mailing	Address										
6592 HIGHLANDS PINES CIRCLE FT. MYERS FL 33912		6592 HIGHLANDS PINES CIRCLE											
		FI. MYE	FT. MYERS FL 33912				DO NOT WRITE IN THIS SPACE						
							3.	Date Incorporat	ed or Qualife	d			
								07/16/1998					
2. Principal Place o	f Business	2a. Mai	ling Address				4.	FEI Number				Ap	plied For
21		26						65-08	<u> 35511</u>	7		No	ot Applicable
Suite, Apt. #, etc		Suit	te, Apt. #, etc.				5.	Certifcate of Sta	atus Desired		• •		Additional
22		27							<del>-</del>				equired
City & State		<u></u>	y & State				6.	Election Campa		,			May Be
23		28			4			Trust Fund Con					to Fees
Zip	Country	Zip		Coun	ŧгу		8.	This corporation		rrent year i	ntangibi Ye⊟		□No
24	25     Name and Address of Currer	29	d Agent	30			10	Personal Prope  Name and Add		Registere			
	Name and Address of Currer	in Neglateret	a Agent		81	Name		112710 2114 7					
WHITMAN	I, CHARLES R			_					1 11 1 1				
6592 HIG	HLANDS PINES CIRCLE				82	Street A	ddress (F	P.O. Box Number	is Not Accep	itable)			
	RS FL 33912				83								
								~~.		<del></del>			
					84	City				F	L 85	Zip (	Code
office or registe agent. I am farr	ered agent, or both, in the State niliar with, and accept the obligation	e of Florida. Sec ations of, Sec	uch change was tion 607.0505, F	authorized Iorida Statui	by tr tes.	ne corpor	ration s be	oard or directors.	i nereby acc	epi ine app	omunen	l as le	gistered
SIGNATURE Signature	use, typed or printed name of registered age	ont and title if apply	cable. (NO	E: Registered A	aent s	signature reg	uired when I	reinstating)		DATE			
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90127 024 \*\*\*150.00