04-29-2002 90124 006 \*\*\*150.00

DOCUMENT #  1. Entity Name	P98000078662						
VENDING, SNACK & DRINKS, INC.							
·							
District Division (D. 1)							

10742 COCA TRES COURT 802 Earl AVR 10200 COCA TREE COL

Earl Ave N. 19h Acres FL 33971

2. Principal Place of Business 802 Earl



Suite, Apt	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Lehis		Lebigh Aer	es FL	4. FEI	Number <b>65-0864611</b>	<b>⊢</b>	pplied For	7
3 39	Country S:A	-33971	Country	ت = 5.⊃Ceri	ificate of Status Desired	A0.75		- : .#
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
VANDENSTORM, PEGGY 10742 COCA TREE COURT LEHIGH FL 33936			Name  Street Address (P.O. Box Number is Not Acceptable)  City					
SIGNATURE  9. This corporate filling	e named entity submits this statement for the statement and statement and statement and elects to do so.  The statement for the statement	d title if applicable. (NOTE: I	Registered office or re Registered of Signature FEE IS \$150.00	required when reinsta	notermy	$\int_{DATE}^{1} \int \left  Z \right $	00 May Be	
11.	OFFICERS AND D		12.	<u></u>	ONE/CHANCES TO OFFICE	DO AND DIDEOTOR	0.11.44	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDENSTORM, PEGGY 10742 COCA TREE COURT LEHIGH FL 33936	☐ Delete	. — .		ons/changes to office Van Denstory Sarl Ave N. Acres, FL		Addition	E034 (0/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUTHUFF, EDGAR 819 LOCHMOOR BLVD GROSSE POINTE WOODS MI 4823	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		Change	☐ Addition	G
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**************************************	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	E
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

☐ Change

Addition