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**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S05555 (5)

1. Corporation Name
K & W VENDING INVESTMENTS, INC.



Principal Place of Business
**P.O. BOX 174
BRANCH ONE
FT. MYERS BEACH FL 33931
US**

Mailing Address
**P.O. BOX 174
BRANCH ONE
FT. MYERS BEACH FL 33931-1281
US**

3. Date Incorporated or Qualified **10/12/1990** 3a. Date of Last Report **05/01/1996**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0235249	Not Applicable	
22	22. City & State	27	27. City & State	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	23. Zip	28	28. Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	24. Country	29	29. Country	8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**COTTER, RICHARD T., P. A.
8100 ESTERO BLVD.
FT. MYERS BEACH FL 33931-1340**

10. Name and Address of New Registered Agent

81 Name **Leo E. Lorden**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **627 Palmetto Ave.**
84 City **Fort Myers** FL 85 Zip Code **33916**

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 *Leo E. Lorden* DATE **2-27-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	M <input type="checkbox"/> DELETE
NAME	RITZERT, LINDA
STREET ADDRESS	8100 ESTERO BLVD. 627 PALMETTO AVE.
CITY-ST-ZIP	FT. MYERS FL 33916
TITLE	VSD <input checked="" type="checkbox"/> DELETE
NAME	ANTONI, RICHARD
STREET ADDRESS	8100 ESTERO BLVD. 627 PALMETTO AVE.
CITY-ST-ZIP	FT. MYERS BEACH FL 33916
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P. T. D. Karl J. Ritzert
1.3 STREET ADDRESS	8100 ESTERO BLVD. 627 PALMETTO AVE
1.4 CITY-ST-ZIP	FT. MYERS FL 33916
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP ANTONI, SANDRA
2.3 STREET ADDRESS	8100 ESTERO BLVD. 627 PALMETTO AVE.
2.4 CITY-ST-ZIP	FT. MYER, FL 33916
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Linda Ritzert* **REQUIRED** **RITZERT APRIL 29, 1997** 941-498-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)