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PROFIT CORPORATION ANNUAL REPORT



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

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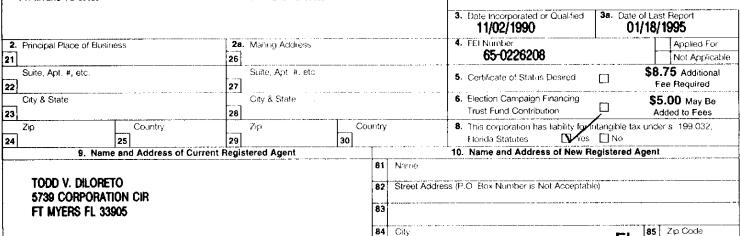
1. Corporation Name

CADILLAC VENDING, INC.

Principal Place of Business
5739 CORPORATION CIR.
FT. MYERS FL 33905

Mailing Address

5739 CORPORATION CIR. FT. MYERS FL 33905



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 Sud-change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607,0505, Florida Statutes.

SIGNATURE Signature, typed or proteonable of responses tages favorable disponsions. (AST): Registerer Agent signature, responsitive consists registered as proteonable of DATE.									
12.	OFFICERS AND DIREC	108s	13.	ADDITIONS/CHANGES TO OF		RS IN 12			
THLE	STD	DELETE	1 1 THILE	V- PRES	🖊 Change	Addition			
NAME	DILORETO, THOMAS N.		1.2 NAME	THOMAS NDILORETO					
STREET ADDRESS	21675 TOWNPLACE DR.		1.3 STREET ADDRESS	6343 Scott LANE					
CiTY-ST-ZIP	BOCA RATON FL		14 CITY - ST - 7 P	V-PRES THOMAS NDILORCTO 6343 SCOTI LANE FT MYELS 764	33913				
TITLE	PO	☐ DELETE	2 1 TITLE		☐ Change	Addition			
NAME	DILORETO, TODD V.		2.2 NAME						
STREET ADDRESS	134 RIVERVIEW RD.		2.3 STREET ADDRESS						
CITY - ST - ZIP	FT MYERS FL		2.4 CITY - ST - ZIP						
TITLE		☐ DELETE	3 1 HILE		☐ Change	Addition			
NAME			3.2 NAME						
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CITY - ST - ZIP			3.4 CITY - ST - 2IF						
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NAME			4.2 NAME						
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TITLE		DELETE	5 1 7/11/5		Change	Addition			
NAME			5.2 NAME						
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CITY-ST-ZIP			54 CITY ST-ZIP						
THILE		DETEIF	6 1 fittle		Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			63 STREET ADDRESS						
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME THEE NAME NAME	FT MYERS FL	☐ DELETE	2.4 CITY - ST-ZIP 3.1 THRE 3.2 NAME 3.3 STMEET ADDRESS 3.4 CITY - ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP 5.1 THRE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY - ST-ZIP 6.1 THRE 6.2 NAME		☐ Change	☐ Add			

14. Too hereby certify that the information supplied with this fling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 602, Florida Statutes; and that my name appears in Block 13 or Block 13 if clarifyed, or on as attaching that han address.

SIGNATURE:

WOMEN TO STORE THOMAS N DILORETO PES S

941-694-3070

CR2E034 (12/95)