


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90147 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S28718

1. Corporation Name
THE BIZZY VENDING COMPANY, INC.

Principal Place of Business
5415 NW 24 STREET, BAY 111
MARGATE FL 33063

Mailing Address
5415 NW 24 STREET, BAY 111
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1991

4. FEI Number

65-0244155

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business
21 273 S. STATE RD 7

2a. Mailing Address
26 273 S. STATE RD 7

Suite, Apt. #, etc.
22 PMB 555

Suite, Apt. #, etc.
27 PMB 555

City & State
23 MARGATE, FL

City & State
28 MARGATE, FL

Zip
24 33068

Zip
29 33068

9. Name and Address of Current Registered Agent

ROBERT OFSTEIN
1820 NW 97 AVE.
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name
CAROLE OFSTEIN

82 Street Address (P.O. Box Number is Not Acceptable)
273 S. STATE RD 7

83

84 City
MARGATE FL

85 Zip Code
33068

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
Signature, typed or printed name of registered agent and title if applicable.

CAROLE OFSTEIN
(NOTE: Registered Agent signature required when reinstating)

4/26/99
DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	
NAME	OFSTEIN, ROBERT L.	
STREET ADDRESS	1820 97TH AVE.	
CITY-ST-ZIP	CORAL SPRGS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	OFSTEIN, SCOTT J.	
STREET ADDRESS	1820 97TH AVE.	
CITY-ST-ZIP	CORAL SPRGS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SLUTZKIN, NORMA	
STREET ADDRESS	5912 BVIA DEZRAY	
CITY-ST-ZIP	DELRAY BCH FL	
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		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99
Date

954-990-3292
Daytime Phone #

CR2E034 (11/98)