

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90129 025 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S63494

1. Corporation Name
GREAT AMERICAN VENDING, INCORPORATED

Principal Place of Business
 15223 NW 33RD PLACE
 MIAMI FL 33054

Mailing Address
 15223 NW 33RD PLACE
 MIAMI FL 33054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 10337 N. Commerce Pkwy Suite, Apt. #, etc.	26 10337 N. Commerce Pkwy Suite, Apt. #, etc.
22 Miramar, FL 33025	27
23 City & State	28 Miramar Florida
24 Zip 33025 Country Broward	29 Zip 33025 Country Broward

3. Date Incorporated or Qualified	Applied For
06/27/1991	Not Applicable
4. FEI Number	Applied For
65-0275642	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

HENNEFORTH, RICHARD
 13831 SW 59TH ST
 MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP <i>Does not exist</i>	<input type="checkbox"/> DELETE
NAME	NELSON, EDWARD J	<i>← name is incorrect</i>
STREET ADDRESS	15223 NW 33RD PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PDS	<input type="checkbox"/> DELETE
NAME	BOYNTON, SCOTT M.	
STREET ADDRESS	15223 NW 33RD PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BOYNTON, MANUELA M	
STREET ADDRESS	15223 NW 33RD PLACE	
CITY-ST-ZIP	MIAMI 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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Edward J. Weisman
1.3 STREET ADDRESS	10337 N. Commerce Parkway
1.4 CITY-ST-ZIP	Miramar FL 33025
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Scott M. Boynton
2.3 STREET ADDRESS	10337 N. Commerce Parkway
2.4 CITY-ST-ZIP	Miramar FL 33025
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Manuela M. Boynton
3.3 STREET ADDRESS	10337 N. Commerce Parkway
3.4 CITY-ST-ZIP	Miramar FL 33025
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 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: MANUELA BOYNTON Date: 2-20-99 (954) 432 1650
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)