

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S74215** (2)

1. Corporation Name

**BROWARD VENDING, INC.**



Principal Place of Business

**5450 S. STATE ROAD 7  
DAVIE FL 33314**

Mailing Address

**5450 S. STATE ROAD 7  
DAVIE FL 33314**

3. Date Incorporated or Qualified

**08/15/1991**

3a. Date of Last Report

**03/02/1995**

2. Principal Place of Business

2a. Mailing Address

21 **5000 SW 52 St. #508**

26 **5000 SW 52 St. #508**

4. FEI Number

**65-0278998**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

City & State

City & State

23 **Davie, FL 33314**

28 **Davie, FL 33314**

6. Election Campaign Financing

☐ **\$5.00 May Be  
Added to Fees**

Zip Country

Zip Country

24 **33314**

25 **Broward**

29 **33314**

30 **Broward**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NOLTE, RONALD**

**4900 N. OCEAN DRIVE  
HOLLYWOOD FL 33019**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**4900 No. Ocean Drive #304**

83

84

**Ft. Lauderdale,**

FL

85

**Zip Code  
33308**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**P**

NAME

**NOLTE, RONALD**

STREET ADDRESS

**4900 N. OCEAN DRIVE**

CITY-ST-ZIP

**HOLLYWOOD FL 33019**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

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TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

**4900 N. Ocean Drive #304**

1.4 CITY-ST-ZIP

**Ft. Lauderdale, FL 33308**

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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 is voluntarily furnished 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE:

*Ronald Nolte*

Ronald Nolte

4/30/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-583-3188

CR2E034 (12/95)