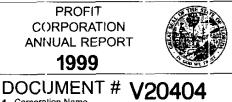
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

T & R VENDING INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90223 027 ***150.00



A CARAN MARINA ARAN MARIN ARAN MARIN MARIN

Principal Place of Business Mailing Address							3191 B1911 B	1811 91911 81841 91	fåls arårr rålt.
8145 COPENHAGEN WAY BOCA RATON FL 33434		8145 COPENHAGEN WAY BOCA RATON FL 33434		DO NOT WRITE	E IN THIS	SPACE			
						3. Date Incorporated or Qualifed 03/12/1992			
2. Principa Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For			
21		26			65-0318491	Not	t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	ulditional
22		27			5. Certificate of Status Desired	<u></u>	Fee Red	c vired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		Added to	Fees
Zip Country		Zíp Countr		ntry		8. This corporation owes the current		NO NO	
24	25	29	30	,		Personal Property Tax. 10. Name and Address of New Re	nistarad		1 140
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Ne	gistereu	<u>~gciit</u>	
ROM	ER, ROCHELLE								
	COPENHAGEN WAY	82			Street Addi	ress (P.O. Box Number is Not Acceptab	le)		}
-	A RATON FL 33434			83			-		
				Ш				- T1	
				84	City		FL	85 Zip C	wae
office or re agent. I ar	o the provisions of Sections 607.0502 ogistered agent, or both, in the State on familiar with, and accept the obligati	r Florida. Such change was a	authorized	i by t	the corporation	oration submits this statement for the pon's board of cirectors. I hereby accept	urpose of the appoi	changing its ntment as reg	r∍gistered jistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	: Registered	Agent	signature require	d when reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFF	CERS /	ID DIRECTO	FS IN 12
TITLE	P	☐ DELETE	1.1 TI	TLE				Change	☐ Addition
NAME	ROMER, ROCHELLE		1.2 NA	ME					
STREET ADDRESS	8145 COPENHAGEN WAY		1.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1.4 CI	TY-ST	-ZIP				
TITLE	T	☐ DELETE	2.1 TI	TLE				☐ Change	Addition
NAME	GOLDMAN, TERRY	2.2		AME	į				
STREET ADDRESS	8175 COPENHAGEN WAY	•		2.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL	- 	2.4 C	1TY-\$1	r-zip				
TITLE		☐ DELETE	3.1 TI	TLE				Change	Addition
NAME			3.2 N/		į				Į
STREET ADDRES S			•		ADDRESS				
CITY-ST-ZIP			_	ITY-ST	T-ZIP		 -	Change	Addition
TITLE		DELETE	4.1 TI		-			Change	C VOCEOU
NAME			4. 2 N						ļ
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		- F∃ DELETE	_	TY-ST	- ZIP			☐ Change	☐ Addition
TITLE		☐ DELETE	5.1 TF 5.2 NA						
NAME					ADDRESS				
STREET ADDRESS			1	TY-ST					ı
CITY-ST-ZIP		DELETE	6.4 CI		- 4.11			Change	Addition
TITLE		الما المالية	6.2 N/						
NAME STREET ADDRESS					ADDRESS				1
STREET ADDRESS			1	TY-ST					
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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

161- PV.2-1071