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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

7841 CLARK MOODY BLVD

NEW PORT RICHEY FL 34660

2. Principal Place of Business

Suite Ap! # etc

City & State

SUITE C

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V68738

(6)

Mailing Address

2a. Mailing Address

City & State

Ζφ

Suite, Apt. #, etc.

SUITE C

26

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7841 CLARK MOODY BLVD

PORT RICHEY FL 34688-6710

AMERICAN VENDING OF PASCO, INC.

Country

25

FILED Mar 18 1997 8:00am Secretary of State



8. This corporation has liability for intengible tax under s. 199.032,

Yes No

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

04/15/1996

3. Date incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

09/15/1992

59-3145471

Florida Statutes

4. FEI Number

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
CLARK ROBERT J JR 7841 CLARK MOODY BLVD SUITE C PORT RICHEY FL 34668			1	Name		
			1	Street Address (P.O. Box Number is Not Acceptable)		
			1			
		84	-	City 85 Zip Code		
			1_	FL The second		
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 Stipulation typed on protect name of registered agent) and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE Output DATE						
				signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12. TUSE		1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME:	0. 101/ 500000 1 10	2 NAME		orange Nauman		
STREET ADDRESS	TALL OF ANY MODBY NAME	1.3 STREET ADDRESS		DORESS		
CHY-51 70°	NART BIOLICY CI	1.4 CITY - ST - ZIP		· 1		
DILLE		21 TITLE		Change Addition		
NAME	2.	2.2 NAME				
STREET ADDRESS	2.	3 STREET	T AD	DDRESS		
City-St-Zii	2	2 4 CITY-ST-ZIP		- ZIP		
TITLE	DELETE 3.	3.1 TITLE		Change Addition		
NAMi	3	32 NAME				
STREET ADDRESS	3	3 3 STREET /		DORESS		
Diffy - \$1 - ZiP		3.4. CITY - ST - ZIP				
THILE	☐ DELETE 4	1 TITLE		Change Addition		
NAMI	4.	2 NAME				
STREET ADDRESS	4	3 STREET	(A)	DDRESS (
CHY ST ZE		4 CITY - S	ST - 7	· · · · · · · · · · · · · · · · · · ·		
TITLE	☐ DELETE 5	1 TITLE		Change Addition		
NAME	5.	2 NAME				
STHEET ACCRESS	5.	5.3 STREET AL		DDRESS		
C(1Y-\$1-Z)F		5 4 CITY - ST - ZIP		······································		
TiTLE	3	6.1 TITLE		Change Addition		
NAME		6.2 NAME				
STREET ADDRESS		6 3 STREET ADDRESS				
City - S ² - ZiP	6.	4 CITY - S	ST - 2	ZIP		
14. I do 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 and cated on this airmust report of supplemental annual report is true and eccurate 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 of the receiptor or an effect of the receiptor of the re						

Country

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