

1. LEGAL NAME OF THE APPLICANT Alternative Vending Concepts, Incorporated
 2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

3. ADDRESS OF THE APPLICANT(S)
 STREET 3217 Colony Club Rd # 6
 CITY Pompano Beach
 STATE & ZIP CODE Florida 33062

4. TYPE OF ORGANIZATION (CHECK ONE)
 A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME: ()

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP: ()

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION: (X)

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

ACK _____
 AFA _____
 APP _____
 CAF _____ NAME: Florida articles of incorporation attached
 CMU 1
 CTR _____ ADDRESS _____
 EAG _____
 LEG 1
 LIN _____
 OPC _____

FORM PUBLIC SERVICE COMMISSION CMU 22 (R3-93) 9
 REQUIRED BY COMMISSION RULE NO. 25-24.511

RCH _____
 SEC 1
 WAS _____
 OTH Cy Nonnye
By Brad

DOCUMENT NUMBER-DATE
06243 JUN 12 88
 FPSC-RECORDS/REPORTING