FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90126 011 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000061433

1. Corporation Name

CITY-ST-ZIP

THE STINK SHOPPE, INC.

Principal Place	e of Business	Mailing Address			110011111111111111111111111111111111111			
845 WATERWAY	Y PLACE	845 WATERWAY PLACE					•	
STE 101		STE 101			DO NOT MITH	të iki tule	CDACE	
LONGWOOD FL 32750		LONGWOOD FL 32750		DO NOT WRITE IN THIS SPACE				
us		US			3. Date Incorporated or Qualifed			
		,			08/27/1993	_	1 1 4	lied Fee
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		_ 	olied For
21		26			<u>59-3251295</u>			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Red	
22		27						
City & State	e	City & State			6. Election Campaign Financing		\$5.00	
23			Country		Trust Fund Contribution		Added to	rees
Zip	Country	Žìp r	Country	у	8. This corporation owes the curr	ent year Int		_{□No}
24	25	. 1-+1	30		Personal Property Tax.	N!-A		[] YO
	9. Name and Address of Curre	ent Registered Agent	81	t Name	10. Name and Address of New F	cegisterea	Agent	
COL	DREDC VEITU	•	101	1 Name				Ì
	DBERG, KEITH L		82	2 Street Add	ress (P.O. Box Number is Not Accepta	ible)		
	WAVERLY DR							
LON	GWOOD FL 32750		83	3				
			84	4 City			85 Zip C	ode.
				- "		FL	• '	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abov	ve-named corp	poration submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	a of Florida. Such change was au	ithorized by	y the corporati	on's board of directors. I hereby accep	ot the appoi	nimeni as reģ	jistered
=	m landia with and doops the oblig	, design 501, 200 (1)						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Age	ent signature require	ed when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	ND DIRECTO	RS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	GOLDBERG, KEITH L		1.2 NAME	:				ļ
STREET ADDRESS	940 WAVERLY DR							1
CITY-ST-ZIP			1.3 STREE	ET ADDRESS				
	LONGWOOD FL							
	LONGWOOD FL	☐ DELETE	1.3 STREE 1.4 CITY-1 2.1 TITLE	ST-ZIP			Change	☐ Addition
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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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP