## 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 # 253651**

1. Corporation LAMPLIC	Name 2000 I CHTER SHOP INC									
Principal Place of Business		Mailing Address						WIL BURIL BIR. 1811	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
204 N TAMIAMI TRAIL		204 N TAMIAMI TRAIL								
SARASOTA FL 34236		SARASOTA FL 34236				DO NOT WRITE	IN THIS	CDACE		
U\$		US				3. Date Incorporated or Qualifed	IN THIS	SPACE		
, ,						12/02/1961				
2. Principal Place of Business		2a. Mailing Address				4. FEI Number			ied For	
21		26			59-0941287			Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Ad Fee Req			
City & State		City & State			6. Election Campaign Financing	⊐.	\$5.00 N	lay Be		
23		28				Trust Fund Contribution	<u> </u>	Added to	Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current	year Int		_	
24	25	29	30			Personal Property Tax.		Yes [	No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	istered	Agent		
	4 3 3 3 3 3 1			81	Name					
	MENBLATT, MARVIN			82	Street Addre	ss (P.O. Box Number is Not Acceptable	<u>-</u>			
	2 FAIROAKS LN			<b>-</b>	011001714415	enerally suite to the sets of the set			818 - 91 <del>8 - 91</del> - 91 - 191 - 191 - 191 - 191 - 191 - 191 - 191 - 191 - 191 - 191 - 191 - 191 - 191 - 191 - 191 -	
SAR	ASOTA FL 34228			83						
			-	84	City	, 17 4 1441 414 4 14 1 1 1 1 1 1 1 1 1 1	. THE SHARE E	85 Zip Co	ode	
			1		-	•	FL	.   -		
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State out familiar with, and accept the obligati	and 607.1508, Florida Statut of Florida. Such change was a ons of, Section 607.0505, Flo	es, the ab uthorized rida Statu	by totes.	-named corpo the corporation	ration submits this statement for the pun's board of directors. I hereby accept t	rpose of he appoi	changing its re ntment as regi	egistered stered	
SIGNATURE										
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE		Agent	t signature required		DATE		0.151.40	۱۵
12.	OFFICERS AND		13.		—-т	ADDITIONS/CHANGES TO OFFIC	ERS AN	Change	Addition	7/1
TITLE	P	☐ DELETE	1.1 TITI			49-084 12 A7		☐ Change	[] Addition	,
NAME	EICHENBLATT, MARVIN		1.2 NAME							2
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS						30
CITY-ST-ZIP	SARASOTA FL		1.4 CIT		r-ZIP			Change	[ ] Addition	0
TITLE		☐ DELETE	2.1 TITLE		·			□ Citatiãe		`
NAME		•		2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	<b>可是用的数数</b> 。		2. 4 CITY		T-ZIP			☐ Change	Addition	
TITLE CHOR	MERELATT, WAS S	☐ DELETE	3.1 TITLE			•				
NAME			3.2 NA						i	
STREET ADDRESS	ASOTA AL MITTE				ADDRESS	學的學樣的重要	18 93 4			ĺ
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NAME.		☐ DELETE	4.1 TIT			A STATE OF THE STA			•	
1995 to 1997, 1997,	HER.		4. 2 NA	AME						
STREET ADDRESS	191990		4. 2 NA 4.3 STI	ame Reet	ADDRESS					
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STREET ADDRESS CITY-ST-ZIP TITLE	191990		4. 2 NA 4.3 STI 4.4 CIT 5.1 TIT	AME REET IY-ST ILE				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	191990		4. 2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA	AME REET IY-ST ILE IME	T-ZIP			☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	The second secon		4. 2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI	AME TY-ST TLE TREET TY-ST TLE	T-ZIP			☐ Change	☐ Addition	## ### ### ###########################

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 charges for on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

RE AND TIPED OR PRINTED IN LINE OF SEATING OFFICER OR DIRECTOR

1/5/98

941-953-4292

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90009 034 \*\*\*150.00

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