


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

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 327367 (9)					
1. Corporation Name SEMINOLE T STOP, INC.					
Principal Place of Business 4890 US 27 HWY. FT. LAUDERDALE FL 33332			Mailing Address P O BOX 20008 P O BOX 820008 S FLORIDA FL 33082-0008 US		
2. Principal Place of Business			2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1968
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		3a. Date of Last Report 02/14/1996
22 City & State			27 City & State		4. FEI Number 59-1214618
23 Zip			28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country			29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25			30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent KING, HIRAM C. 4890 US HWY 27 P O BOX 820008 FT. LAUDERDALE FL 3332			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME PO KING, HIRAM C.					
1.3 STREET ADDRESS 7953 VENTIAN ST.					
1.4 CITY-ST-ZIP MIRAMAR FL - 33023-2447					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME VD KING, EDWARD A.					
2.3 STREET ADDRESS 7953 VENTIAN ST.					
2.4 CITY-ST-ZIP MIRAMAR FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME ST KING, DOROTHY C.					
3.3 STREET ADDRESS 7953 VENTIAN ST.					
3.4 CITY-ST-ZIP MIRAMAR FL					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME D KING, DOROTHY C.					
4.3 STREET ADDRESS 7953 VENTIAN ST.					
4.4 CITY-ST-ZIP MIRAMAR FL					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-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 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.					
SIGNATURE: DOROTHY C. KING, SECY-TREAS <i>Dorothy C. King</i>					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/3/97 (954) 434-0660					

CR2E034 (9/96)