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

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90077 008 ***150.00

DOCUMENT #	# 327367
1 Corporation Name	021001

SEMINOLE T STOP, INC.

Principal Place of Business Mailing Address					Company troop times square troop ditte two		
4690 US 27 HW		**E					
WESTON FL 33332 US		**************************************		DO NOT WRITE IN THIS SPACE			
03					3. Date Incorporated or Qualifed		
					03/08/1968		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
	1.5/4ah #27	26 4690 U.S. High	way #	<u>/</u>	59-1214618		Not Applicable
Suite, Apt.	#, etc. /	Suite, Apr. #, etc.	Û		5. Certifcate of Status Desired	• • •	5 Additional Required
City & State		City & State			6. Election Campaign Financing		00 May Be
- 1.1. s	. 41.4	28 Weston J	-0		Trust Fund Contribution		led to Fees
23 <i>リルパ</i>	Country	Zip	Country		8. This corporation owes the current ye	ar Intangible	
	2-2000 25 Broward	29 33332-2000 3	0/31	nwast	Personal Property Tax.	y ≤Yes	□No
<u></u>	9. Name and Address of Current				10. Name and Address of New Regist	ered Agent	
1/1616			81	Name			}
	S,HIRAM C.		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	US HWY 27						
	BOX 820008 AUDERDALE FL 3332		83	1			
rı. L	AUDERDALE IL 3332		84	City		F1 85	Zíp Code
		and 607 1509. Eleride Statutos	the abov	no pamed corr	poration submits this statement for the purpo	se of changin	n its registered
office or to	egistered agent, or both, in the State of m familiar with, and accept the obligat	nt Florida. Such change was aut	horizea dv	tne corporati	on's board of directors. I hereby accept the	appointment a	s registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	tegistered Age	nt signature require	ed when reinstating)	TE	i
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Cha	nge 🗌 Addition
NAME	KING,HIRAM C.		1.2 NAME				}
STREET ADDRESS	7953 VENTIAN ST.		1.3 STREE	T ADDRESS			}
CITY-ST-ZIP	MIRAMAR FL		1.4 CITY-5	ST-ZIP		- C) C) -	DAddition
TITLE	VD .	☐ DELETE	2.1 TITLE			☐ Cha	nge 🔲 Addition
NAME	KING,EDWARD A.		2.2 NAME		•		
STREET ADDRESS	7953 VENTIAN ST.			T ADDRESS			
CITY-ST-ZIP	MIRAMAR FL.	DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP		☐ Cha	nge Addition
TITLE	ST CONTRACT		3.1 111LE				
NAME STREET ADDRESS	KING,DOROTHY C. 7953 VENTIAN ST.			TADDRESS			Ì
CITY-ST-ZIP	MIRAMAR FL		3.4. CITY-				ł
TITLE	D	☐ DELETE	4 1 TITLE	<u> </u>		Cha	nge Addition
NAME	KING.DOROTHY C		4. 2 NAME	· [
STREET ADDRESS			4.3 STREE	T ADDRESS	•		ļ
CITY-ST-ZIP	MIRAMAR FL		4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Cha	nge 🗌 Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			,
CITY-ST-ZIP		· Delete	5.4 CITY-5 6.1 TITLE	ST-ZIP		☐ Cha	nge
TITLE		DELETE	6.2 NAME			ن ۱۰۰۰	go [] radiion
NAME			•	T ADDRESS	·		ļ
STREET ADDRESS			64 CITY-1				

14. 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, with all other like empowered.

SIGNATIDE:

9 29 96 (954) H34-0666

SIGNATURE: