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 03, 1999 8:00 am Secretary of State

03-03-1999 90014 010 ***158.75

 Corporation 	MENT # 430983 SHOP INC.										
Principal Place	o of Rusiness	Ma	ailing Address					\$\$\$060 6)680 16400 30 100 301 0 51	uisu iili uiuli d	(III) Diğil Bibii	Bibli Dibli ioni
							-				
3990 N. 32 TERRACE HOLLYWOOD FL 33021			HOLLYWOOD FL 33021								
US			US				L	DO NOT WR		SPACE	
								3. Date incorporated or Qualifed	1		
								07/20/1973			
2. Principal Pt	ace of Business	\vdash	Mailing Address					4. FEI Number			pplied For
21		26						59-1708967			ot Applicable
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.					5. Certifcate of Status Desired	×	•	Additional equired
City & State		27	City & State				-	A. Florier Conveins Figureis			
`	e	28	Only & State				1	Election Campaign Financing Trust Fund Contribution			May Be to Fees
23 Zip	Country	120	Zip	Cou	ntry			8. This corporation owes the cur	rent year Int		
24	25	29	r	30	,			Personal Property Tax.	10.11. your 11.1	Yes	∏No
	9. Name and Address of Curren		tered Agent	1221			1	10. Name and Address of New	Registered		
					81	Name		,			
	FF, ALLAN				82	Street A	ddress	s (P.O. Box Number is Not Accep	table)		
3990 N 32 TERRACE						Curoti					
HOLLYWOOD FL 33021											
					84	City			FL	85 Zip	Code .
office or r agent. I a SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered eger	of Florio tions of	da, Such change was a , Section 607.0505, Flo	uthorized rida Stati	i by utes	the corpor	ration s	ation submits this statement for the sboard of directors. I hereby accented the reinstating)	e purpose of ept the appoi	changing its ntment as re	s registered egistered
12.	OFFICERS AN			13.				ADDITIONS/CHANGES TO O	FFICERS AN	ID DIRECTO	ORS IN 12
TITLE	PD		☐ DELETE	1.1 11	ſLΕ					Change	☐ Addition
NAME	KRIEFF, ALLAN			1.2 NA	ME						
STREET ADDRESS	3990 N. 32 TERRACE			1.3 \$1	REET	TADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL			1.4 CI	TY-S	T-ZIP					
TITLE	ST		☐ DELETÉ	2.1 TF	TLE					Change	☐ Addition
NAME	KRIEFF,BETH			2.2 N	ME						
STREET ADDRESS	3990 N. 32 TERRACE			2.3 \$1	REET	T ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL			2.4 C		ST- ZIP				m 05	- Addition
TITLE	VD		☐ DELETE	3.1 TF				••		Change	☐ Addition
NAME	KRIEFF, DEBORAH			3.2 N/							
STREET ADDRESS				. I		T ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL		☐ DELETE	3.4, C 4.1 TI		ST-ZIP				Change	Addition
TITLE	D Krieff,beth			4. 2 N							_ }
NAME	3990 N. 32 TERRACE					TADORESS					
STREET ADDRESS	HOLLYWOOD FL			4.4 CI							
CITY-ST-ZIP TITLE	HOLETWOOD FL		☐ DELETE	5.1 Tr		11-21				☐ Change	Addition
NAME			_	5.2 N							,
STREET ADDRESS				5.3 \$1	TREE1	T ADDRESS		,			
CITY-ST-ZIP				5.4 CI	TY-S	T-ZIP					
TITLE			☐ DELETE	6.1 TI	TLE			****		☐ Change	Addition
NAME				6.2 N	AME			•			
STREET ADDRESS				6.3 S1	TREE	TADDRESS					i
											1

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 suppliemental 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 of 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 or an adachment with an address; with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAGO OFFICER OR DIRECTOR

Date

Date

954-987-9973

Daytime Phone #