

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN 15 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 849119 (3)
1. Corporation Name
SHOP & STORE INVESTMENTS COMPANY LIMITED

Principal Place of Business Mailing Address
222 W. COMSTOCK AVE., SUITE 101 222 W. COMSTOCK AVE., SUITE 101
P.O. BOX 1984 P.O. BOX 1984
WINTER PARK FL 32789 WINTER PARK FL 32789
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified
05/13/1981

4. FEI Number
59-2159163

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GODBOLD, GENE H.
222 WEST COMSTOCK AVE.
SUITE 101
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	12.1 TITLE	1.1 TITLE	
NAME	12.2 NAME	1.2 NAME	
STREET ADDRESS	12.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY-ST-ZIP	12.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	
TITLE	12.1 TITLE	2.1 TITLE	
NAME	12.2 NAME	2.2 NAME	
STREET ADDRESS	12.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	12.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	12.1 TITLE	3.1 TITLE	
NAME	12.2 NAME	3.2 NAME	
STREET ADDRESS	12.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	12.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	12.1 TITLE	4.1 TITLE	
NAME	12.2 NAME	4.2 NAME	
STREET ADDRESS	12.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	12.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	12.1 TITLE	5.1 TITLE	
NAME	12.2 NAME	5.2 NAME	
STREET ADDRESS	12.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	12.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	12.1 TITLE	6.1 TITLE	
NAME	12.2 NAME	6.2 NAME	
STREET ADDRESS	12.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	12.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: _____

1-13-98 407-647-4418

CR2E034 (10/97)