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PROFIT CORPORATION ANNUAL REPORT

1998



LUORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H57033

(3)

## FILED Apr 14 1998 8:00am Secretary of State

GROVE	E KEY SHIP'S STORE, INC	, Mailing Address						
9340 GALLARDO ST. CORAL GABLES FL 33133 US		9340 GALLARDO ST.						
		CORAL GABLES FL 33133 US			DO NOT WRITE IN THIS SPACE			
••		••			3. Date Incorporated or Qualified			
					05/09/1985			
	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21	· · · · · · · · · · · · · · · · · · ·	26			59-2540485			ot Applicable
Suite, Apt.	#, e1c.	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional equired
City & State	9	City & State			E Station Committee Signature			
23	-	28			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Z(p	Country		8. This corporation owes or has p			
24	25	29	30		Personal Property Tax due June	e 30.	Yes [	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Ro	egistered A	Agent	· · · · · ·
WESSEL, SCOTT A.			81 1	Name				
	10 GALLARDO ST.		<b>82</b> S	Street Addre	ess (P.O. Box Number is Not Accepta	bie)		
CO	RAL GABLES FL 33133		83		- ····· · · · · · · · · · · · · · · · ·			
			63					
			<b>84</b> C	City		FL	<b>85</b> Zip	Code
office or re agent. I a	e <b>gistered</b> agent, or both, in the State m f <b>am</b> iliar with, and accept the oblic	e of Florida. Such change was jakons of, Section 607.0505, F	authorized by the Torida Statutes	e corporation	oration submits this statement for the on's board of directors. I hereby acce	pt the appo	ointment as	registered
agent. I ar	m familiar with, and accept the oblig	gations of, Section 607.0505, F	Torida Statutes		ed when reinstating)	DATE		
agent. J ar SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of regets a dear OF LICERS AN	galions of, Section 607.0505, F	Torida Statutes			DATE	DIRECTO	RS IN 12
agent. I au SIGNATURE.	m familiar with, and accept the oblig Signature typed or printed name of regets is disq OF LICERS AN	galions of, Section 607.0505, F net octate it applicable (NC ND DIRECTORS	Iorida Statutes H. Registered Agent si		ed when reinstating)	DATE		
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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 earl; that I am an officer or director of the corporation or the precision of the corporation or the precision of the corporation of the c

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