PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # J14455



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90127 048 ***150.00

CNBR S	TORES, INC.								
Principal Place	e of Rusiness	Mailing Address				-		IBH 01011 1001	
5250 TOWN CTR. CIR. 5250 TOWN CTR. CIR. SUITE 131 SUITE 131 BOCA RATON FL 33486-1067 BOCA RATON FL 33486-1067						DO NOT WRITE IN THIS SF	PACE		
					3. Date Incorporated or Qualifed 05/16/1986				
Principal Place of Business .						4. FEI Number	Ap	olied For	
21		26				59-2701125	No	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			,			5. Certificate of Status Desired	\$8.75 A Fee Re		
City & State City & State 28			-			6. Election Campaign Financing Trust Fund Contribution			
Zip				Country		8. This corporation owes the current year Intang	ible		
24	25 29 30				Personal Property Tax. Yes No			□No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Ag	ent		
				81	Name	•			
SOLOMON, ALLAN B. 7777 GLADES RD., STE. 300]	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
SUITE 131				83		,			
BOCA RATON FL 33434			l-	04	City			ode	
†			l'	84	City	FL I	85 Zip C	,000	
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 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 Signature, Noed or crinted game of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								registered gistered	
	Signature, typed or printed name of registered agen			-gent	signature required t	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
12.	OFFICERS AND DIRECTORS S DELETE			13.			Change	Addition	
NAME	SOLOMON, ALLAN B.			12 NAME					
STREET ADDRESS 7777 GLADES RD.			1.3 STREET ADDRESS		ADDDESS			ì	
BOOK BATON EL			1,4 CITY-ST-ZIP					,	
CITY-ST-ZIP	D DELETE			2.1 TITLE			Change	Addition	
NAME	NIDDAN, MAX			22 NAME				İ	
STREET ADDRESS 5250 TOWN CNTR CIR 131			2.3 STR	2.3 STREET ADDRESS					
CITY-ST-ZIP BOCA RATON FL			2.4 CITY-ST-ZIP					1	
TITLE	OP DELETE			3.1 TITLE			Change	Addition	
NAME	NIDDAM, ALINE			3.2 NAME			,	~	
STREET ADDRESS 5250 TOWN CENTER CIR. STE 131			3.3 STR	3,3 STREET ADDRESS					
CITY-ST-ZIP BOCA RATON FL				3.4. CITY-ST-ZIP					
TITLE	☐ DELETE			4.1 TITLE		Ĺ	Change	☐ Addition	
NAME	·		4, 2 NA	ME					
STREET ADDRESS			4.3 STR	REET.	ADDRESS	·		1	
CITY-ST-ZIP				4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TTT	E] Change	Addition	
NAME ;			5.2 NAA	ΝE				ŀ	
STREET ADDRESS		•	5.3 STR	REET.	ADDRESS	. '			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CIT		-ZIP				
TITLE DELETE 6.1] Change	Addition	
l 1	l '		62 NAN	45	£ .				

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP