## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

J35744 **DOCUMENT #** 

(8)

INTER	rnational shoppes, inc	Mailing Address			
8445 INT'L DR. #104 ORLANDO FL 32619		7580 PARK SPRINGS CR. ORLANDO FL 32835 US			
US	rt 32019	US		3. Date Incorporated or Qualified 10/01/1986	3a. Date of Last Report 05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4, FEI Number 59-2717854	Applied For
21 Suite, Apt. #	ato	Suite, Apt #, etc.		39-27 17834	Not Applicable  \$8.75 Additional
22	, oic.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	<u>.</u>	Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country 25	Ζφ <b>29</b>	Country 30	This corporation has liability for Florida Statutes      Type Sta	r intangible tax under s 199.032, os ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New	Registered Agent
			81 Name		
ZASKI,			82 Street Addr	ess (P.O. Box Number is Not Accepta	able)
	PARK SPRINGS CR		83		<del></del>
OnDan	IDO FL 32835				
			84 City		FL 85 Zip Code
SIGNATURE	ad agent, or both, in the State of Florid h, and accept the obligations of. Section Synchrological acceptance as a Chapternhau Conference of the Conference	Jed Jed	it. Budstein (April Sprum in 1997)	l when consistent	FICERS AND DIRECTORS IN 12
TIFLE	P	☐ DELETE	1 1 TIGEE		Change  Addition
NAME	ZASKI, R.J.		1.2 NAME		
STREET ADDRESS	7580 PARK SPRINGS CR		1.3 STREET ADDRESS		
CITY-ST-Z-P	ORLANDO FL	E DELETE	1.4.0 (TY - ST - ZIP)		Change C Addition
TITLE	VPS Zaski, dawn	DELETE	2 1 THE 22 NAME		Change Addition
NAME STREET ADDRESS	7580 PARK SPRINGS CR		2.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		2 4 C-1Y-S1-Z-P		
117LE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
Tille		DELETE	4 1 TITUF		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY - ST - ZIP		D DOLLI.	4 4 CITY - ST - ZIP		Change D Adabiga
TILE		☐ DEFEIE	5 1 TILLE		Change Addition
NAME CIRCL ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CHY - ST - ZIP		
CHTY+S1+ZIP TITLE		DELETE	6 1 TITLE	·····	Crange Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C-TY-ST-ZIP			6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND THE OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-96 (407) 578-8243