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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # K18409

(8)

FILED
May 19 1997 8:00am
Secretary of State

CANAVERAL PIER SHOPS, INC. Principal Place of Business Mailing Address 401 MEADE AVE 8660 ASTRONAUT BLVD COCCA BEACH FL 32931 US Mailing Address 401 MEADE AVE 8660 ASTRONAUT BLVD COCCA BEACH FL 32931-3775 US				3. Date Incorporated or Qualified 39. Date of Last Report					
2 Principal	Place of Business	2a. Mailing Address			<u> </u>	03/17/1988 4. FEI Number	U0/1	01/1996	Applied For
21	race of business	26				59-2890355			ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.					N		Additional
22		27				5. Certificate of Status Desired			Required
City & Sta	de	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Ziρ	Country	Zip		ountry		8. This corporation has liability for i	ntangible] Yes [s. 199.032,
24	25 9. Name and Address of Curre	29 ent Registered Agent	30	Т	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Florida Statutes 10. Name and Address of New Re			······································
STO	OTTLER, RICHARD H., JR			81	Name				
	O N. ATLANTIC AVENUE			82	Chart Add	ress (P.O. Box Number is Not Acceptab	.(-)		
	PE CANAVERAL FL 32920			02	Sireel Aug	ress (P.O. Box Nomber is Not Acceptab	ine)		
				83					
				64	City			85 Zip	Code
					•		FL	_ 1 - 1 '	
11. Pursuan office or	t to the provisions of Sections 607.05 registered agent, or both, in the State	502 and 607.1508, Florida Statute of Florida. Such change was	tes, the a authorize	above-	named corpora	peration submits this statement for the p tion's board of directors. I hereby accep	ot the app	ointment a	s registered
SIGNATURE	t to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obligation typed or position name of registered a COFFICE BS A	gent and tille if applicable (NC	TE Ragister	red Agent		ired when reinstating)	DATE		
SIGNATURE	Signature type of or printed name of registered a		TE Register	red Agent		<u> </u>	DATE		ORS IN 12
SIGNATURE	Signature type-Les profind name of registared a OFFICERS AF	geni and tille if applicable (NC ND DIRECTORS	TE Register	red Agent		ired when reinstating)	DATE	DIRECTO	ORS IN 12
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Los indexes can be an entermormation supplied with this mining does not quality for the exemption stated in Section 119 07(3)(0). Fronds Statutes. 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CHCGNACTURE IN THE Stottler, Jr., Pres. 4-4-97 (407) 783-1320 SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0103150