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FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **K18409** (8)
1. Corporation Name
CANAVERAL PIER SHOPS, INC.

Principal Place of Business
**401 MEADE AVE
8680 ASTRONAUT BLVD
COCOA BEACH FL 32931
US**

Mailing Address
**401 MEADE AVE
8680 ASTRONAUT BLVD
COCOA BEACH FL 32931-3775
US**

3. Date Incorporated or Qualified
03/17/1988

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2890355

Applied For
☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**STOTTILER, RICHARD H., JR
8680 N. ATLANTIC AVENUE
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOTTILER, RICHARD H., JR	1.2 NAME	
STREET ADDRESS	8680 ASTRONAUT BLVD	1.3 STREET ADDRESS	8680 N. ATLANTIC AVENUE
CITY-ST-ZIP	CAPE CANAVERAL FL	1.4 CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASDIN, THOMAS E.	2.2 NAME	
STREET ADDRESS	8680 ASTRONAUT BLVD	2.3 STREET ADDRESS	7980 N. ATLANTIC AVENUE
CITY-ST-ZIP	CAPE CANAVERAL FL	2.4 CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	VS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONE, GILES A. J.	3.2 NAME	
STREET ADDRESS	8680 ASTRONAUT BLVD	3.3 STREET ADDRESS	401 MEADE AVENUE
CITY-ST-ZIP	CAPE CANAVERAL FL	3.4 CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	LABOUR, LORI
STREET ADDRESS		4.3 STREET ADDRESS	401 MEADE AVENUE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: [Signature] Stottler, Jr., Pres. 4-4-97 (407) 783-1320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #