- FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS May 13, 1999 8:00 am Secretary of State

05-13-1999 90006 045 ***158.75

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DCCI	IMENT	++		

K18409

(8)

Tr Corporation House					•					
CANAVERAL PIER SHOPS, INC.										
•	•									
Principal Place of Business	Mailing Address			-						
1 interprit lade of Eddiness	8680 NO ATLANTIC AVE									
401 Meade Avenue	CAPE CANAVERAL FL 32920				TO MOTINDITE IN TURO COACE					
Cocoa Beach, FL 32931	US				DO NOT WRITE IN THIS SPACE					
•	•			:	3. Date Incorporated o				· 🍱	
	<u> </u>					/1988		1 1	pplied For	
2. Principal Place of Business	2a. Mailing Address			f	4. FEI Number			ļ _	ot Applicable	
21 .	26 401 Meade Avenue				<i>∴</i> -59-2890	355			Additional	
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status	Desired	x X		equired	
City & State	City & State				6. Election Campaign	Financing		\$5.00	May Be	
23)	28 Cocoa Beach, FL				Trust Fund Contribu	tion		Added	to Fees	
Zip Country	Zip	Count	гу		8. This corporation ow	es the curre	nt year Int		_	
24 25	29 32931 30			-	Personal Property T			Yes	□No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
	•	. 8	1 Name	-						
STOTTLER, RICHARD H JR 8680 NO ATLANTIC AVE		. 8	82 Street-Address (P.O. Box Number is Not Acceptable)							
CAPE CANAVERAL FL 32920		8	3			٠.				
			4 City					85 Zip	Code	
<i>:</i>	•		1				FL			
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligations.	t Fiorida. Such change was autilu	mzeu i	iv trie corbi	corpor oration	ation submits this statem s board of directors. I he	ent for the preby accept	the appoir	changing its itment as re	registered gistered	
SIGNATURE	<u></u>	`	- '				DATE			
Signature, typed or printed name of registered agent	200 000 000 000 000 000 000 000 000 000	13.	ent signature r	required w	ADDITIONS/CHANG	ES TO OFF		D DIRECTO	ORS IN 12	
12. OFFICERS AND	DIRECTORS DELETE	11 IIIL	:	T	ADDITIONOLIANO			☐ Change	Addition	
TITLE DVP								_	_	

NAME STOTTLER RICHARD H., JR. 1.3 STREET ADDRESS STREET ADDRESS 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE DP 2.2 NAME NAME MALONE, GILES A.J. 2.3 STREET ADDRESS STREET ADDRESS 401 MEADE AVENUE 2.4 CITY-ST-ZIP CITY- ST- Z:P COCOA BEACH FL 32931 Change Addition DELETE 3.1 TITLE TITLE DST 3.2 NAME NAME LABOUR, LORI 3.3 STREET ADDRESS STREET ADDRESS 401 MEADE AVENUE 3.4. CITY-ST-ZIP CITY-ST-ZIP COCOA_BEACH__FL Change Accition □ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ACCRESS STREET ADDRESS 5.4 C:TY-5T-Z:P CITY-ST-ZIP Change Addition 6.1 TITLE □ DELETE TITLE 6.2 NAME NAN:E 63 STREET ADDRESS STREET ADDRESS

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 as the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated as the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. 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.

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CITY-ST-ZIP

Richard H. Stottler, Jr., VP

6.4 CITY-ST-ZIP

CR26034 (11/08)