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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

K59270

(4)

$\Gamma I L E D$										
May 01 1998 8:00an	1									
Secretary of State										

EH ED

THE	MAGNUM S	SHOP, INC.		` '							
Principal Pla	ce of Business		Mailing Addr	ress				- I PROTOTIF OUT OFFICE FEBRU 10001 OUT 101911 EN		LEU BIEN FEN	
\$254 NW 106TH DR \$254 NW 106TH DR   CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076   US US					076			DO NOT WRITE IN THIS	SPACE		
03			US					3. Date Incorporated or Qualified			
								01/19/1989			
2. Principal (	2. Principal Place of Business 2a. Mailing Address			ddress				4. FEI Number	I A	pplied For	
<b>¬</b>			26	<del>-</del> 7				65-0108933	N	o! Applicable	
Suite, Apt	#, etc.		Suite, Ap	Suite, Apt. #, etc.					\$8.75	Additional	
22			27	27			_	5. Certificate of Status Desired	Fee R	equired	
City & Sta	ite		City & Sta	City & State				6. Election Campaign Financing \$5.00 May Be			
23			28	28				Trust Fund Contribution Added to Fees			
Zip		Country	Z (p	Zip Country				8. This corporation owes or has paid the current year Intangible			
24	25 29								No		
			rrent Registered Age	nl 	8		NI	10. Name and Address of New Registered	Agent		
	Kramer, Jan				°	'	Name				
	5254 NW 106				8:	2	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	Coral Sprin	IGS FL 33076			8:	_					
					6	3				ŀ	
					8-	4	City	FL	<b>85</b> Zip	Code	
11. Pursuant	to the provisio	ns of Sections 607	0502 and 607 1508 F	Iorida Statute	es the abo	VEI-F	named coro		f changing i	ts registered	
office or agent. I	regi <b>ste</b> red age am f <b>a</b> miliar with	nt, or both, in the S , and accept the o	tate of Florida. Such c bligations of, Section (	hange was a 307.05 <b>0</b> 5, Flo	authorized t orida Statuti	by tl	he corporati	oration submits this statement for the purpose of on's board of directors. I hereby accept the app	ointment as	registered	
SIGNATURE		r protect name of trous were	d agent and tille if applicable	(NO1)	- Registered A		signature require	ed when reinstating) DATE		\	
12.	Signature, 191 co or	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	(101)	13.	.g	Signature reduite	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	PVS			DELETE	1.1 TITLE	=			Change	Addition	
NAME	KRAMEI	R, JAMES M.			1.2 NAME	E				-	
STREET ADDRESS	FOR A SHILL AGO DID				1.3 STHEET ADDRESS					į.	
CITY-ST-ZIP	CODAL CODILICO EL				1.4 CITY - ST - ZIP					Į.	
TITLE	TD DELETE			21 TITLE	-			☐ Change	Addition		
NAME	KRAME	R, JAMES M.			2.2 NAME	Ε					
STREET ADDRESS	5254 N\	N 106TH DR			2.3 STREE	ET AE	DDRESS				
CITY-ST-ZIP	_CORAL	SPRINGS FL			2. 4 CITY	·ST-	- ZIP				
TITLE				] DELETE	3.1 TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME					3.2 NAME	E					
STREET ADDRESS					3.3 STREE	ET AC	DDRESS			į	
CITY-ST-ZIP					34 CITY	-ST-	- 21P				
TITLE				DELETE	4.1 TITLE				Change	Addition	
NAME					4. 2 NAM	lE					
STREET ADDRESS					4.3 STREE	ET AE	DORESS				
CITY-ST-ZIP				T 5-4	4.4 CITY-		ZIP		T1 -		
TITLE			L_	] DELET <b>é</b>	5.1 TITLE		ĺ		Change	Addition	
NAME					5.2 NAME	E					
STREET ADDRESS					5.3 STREI		1				
CITY-ST-ZIP	ļ. <u>.</u>			Ori CTC	5.4 CiTY-		ZIP			1110000	
TITLE			L	DELETE	6 1 11TLE				L Change	Addition	
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREE	ET AC	DDRESS				

14. Thereby 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.

PRES Clames an Kramer

(305) 685-3767