

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K65588**

(1)

1. Corporation Name
FLORIDA CASH & CARRY, INC.



Principal Place of Business

**1339 S. ANDREWS AVENUE
FT. LAUDERDALE FL 33315**

Mailing Address

**1339 S. ANDREWS AVENUE
FT. LAUDERDALE FL 33315**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **500 SE 6TH ST**

Suite, Apt. #, etc.

22 **100**

City & State

23 **FT. LAUD, FLA**

Zip

24 **33301**

Country

25 **USA**

2a. Mailing Address

26 **P.O. BOX 10336**

Suite, Apt. #, etc.

27 **POMPANO BEACH, FLA**

City & State

28 **POMPANO BCH, FLA**

Zip

29 **33061**

Country

30 **USA**

3. Date Incorporated or Qualified

02/14/1989

3a. Date of Last Report

04/10/1998

4. FEI Number

65-0210291

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**RUIZ, CHARO B
901 S. FEDERAL HWY., #300
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name

CHARO BOLANOS RUIZ

82 Street Address (P.O. Box Number is Not Acceptable)

500 SE 6TH ST #100

83

84 City

FT. LAUD

FL

85 Zip Code

33301

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

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

CHARO BOLANOS RUIZ 9-01-98

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

RUIZ, R.C.

1350 S.E. 3RD AVE

POMPANO BCH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S

RUIZ, ROSARIO BOLANOS

1350 S.E. 3RD AVE

POMPANO BCH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ Change

☐ Addition

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*****150.00**

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, on an attachment with an address.

CR2E034 (497)