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May 04, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K65588

1. Corporation Name

FLORIDA CASH & CARRY, INC.

Principal Place of Business

500 S.E. 6TH STREET
SUITE 100
FT. LAUDERDALE FL 33301

Mailing Address

P.O. BOX 10336
POMPANO BEACH FL 33061
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1989

4. 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 the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 59073 OVERSEAS HWY

Suite, Apt. #, etc.

22

City & State

23 GRASSY KEY, FLA

Zip

24 33050

Country

25 USA

2a. Mailing Address

26 59073 OVERSEAS HWY

Suite, Apt. #, etc.

27

City & State

28 GRASSY KEY, FLA

Zip

29 33050

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOLANOS RUIZ, CHARO
500 SE 6TH ST #100
FT. LAUDERDALE FL 33301

81 Name

CHARO BOLANOS RUIZ

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

59073 OVERSEAS HWY

83

84 City

GRASSY KEY

FL

85 Zip Code

33050

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)

1-11-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME RUIZ, R.C.

STREET ADDRESS 1350 S.E. 3RD AVE

CITY-ST-ZIP POMPANO BCH FL

TITLE S ☐ DELETE

NAME RUIZ, ROSARIO BOLANOS

STREET ADDRESS 1350 S.E. 3RD AVE

CITY-ST-ZIP POMPANO BCH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

Date

305-289-0995

Daytime Phone #

CR2E034 (11/98)