FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L07520** **(4)**

1. Current Corporate Name
MERCEDESHOP, INC.

Principal Place of Business
16058 NE 21ST AVE
N. MIAMI BEACH FL 33162

Mailing Address
16058 NE 21ST AVE
N. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date In Corporation or Qualified: **08/08/1989**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: **59-1850701** ☐ Applied For ☐ Not Applicable

State, Province
22

State, Province
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip
24

County
25

Zip
29

County
30

8. This corporation has liability for intangible tax under S. 199.042, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KROIS, HERBERT
16058 NE 21ST AVE
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1901 and/or 1906 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 607.1908, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
Title	PD	☐ Change ☐ Addition
Name	KROIS, HERBERT	
Street Address	14905 S. SPUR DR	
City-State-Zip	MIAMI FL	
Title	VD	☐ Change ☐ Addition
Name	KROIS, CAROLE	
Street Address	14905 S. SPUR DR	
City-State-Zip	MIAMI FL	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		

14. I declare (or certify, verify or affirm) that the information supplied with this report is correct and complete, and that I am duly authorized by the corporation (or LLC) to file this report. I further certify that the mandatory updates of the registered agent, registered office, and officers and directors listed above are true and accurate and that this 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 above, or on an attachment with an additional blank line, if necessary.

SIGNATURE: Carole Krois CAROLE KROIS April 24, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0170437 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # L07616 (0)

1. Corporation Name

DARRELL GOODEN DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
4400 BAYOU BLVD. SUITE 43 PENSACOLA FL 32503	4400 BAYOU BLVD. SUITE 43 PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1989
3a. Date of Last Report: 08/10/1994
4. FEI Number: 59-3009206 — 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	2a. Mailing Address
21	26
22 Suite, Apt. # etc. Suite 40	27 Suite, Apt. # etc. Suite 40
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

GOODEN, DARRELL
4400 BAYOU BLVD.
SUITE ~~43~~ 40
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) Suite 40
83
84 City — FL — 85 Zip Code

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 Darrell Gooden [signature] 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	GOODEN, DARRELL	NAME	
STREET ADDRESS	4400 BAYOU BLVD, ~~#43~~ 40	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] Darrell Gooden 4/26/95 904 476-6764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0386777 CP