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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L31926

(3)

PAST AND PRESENTS COUNTRY SHOP, INC.

Principal Pl	ing Address					81811 91911 91911 61816 01811				
8538 S. FLAMINGO ROAD COOPER CITY FL 83330			5538 S. FLAMINGO ROAD COOPER CITY FL 33330-2728							
							3. Date Incorporated or Qualified 11/27/1989	06/25/1996		
2. Principal Place of Business			28. Mailing Address				4. FEI Number	├	plied For	
21			Suite, Apt. #, etc.				65-0188665 Not Applicable \$8,75 Additional			
Suite, Apt. #, etc.			27]				Certificate of Status Desired Fee Required			
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added (· 1	
Zip	Country	28	Zip Country				Trust Fund Contribution LJ Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	— <u>,</u>			Florida Statutes Yes \(\subseteq \) N			. 188.032,	
	9. Name and Address of Cui		red Agent	_1001	1		10. Name and Address of New Reg			
E	RMER, LAURIE L.				81	Name				
	911 SW 113TH AVENUE		•		82	Street Adds	ress (P.O. Box Number is Not Acceptab	lo)		
FT. LAUDERDALE FL 33330			°			Direct Addi	7 Address (1.0. Dox Northbol to Not Acceptable)			
			83							
					84	City		FL 85 Zip	Code	
11. Pursua	nt to the provisions of Sections 607.	0502 and 607	7.1508, Florida Statu	iles, the al	bove-	named core	poration submits this statement for the p	urnose of changing it	s registered	
office o	or registered agent, or both, in the St	ate of Florida	Such change was	authorize Iorida Stat	d by t	he corporat	tion's board of directors. I hereby accep	t the appointment as	registered	
		inganons or,	5000001007.0000,1	10.100	tates.					
SIGNATUR	Signature, typed or printed name of registeres	d agent and title if	applicable. (NO	TE: Registere	d Agent	signature requi	red when reinstating)	DATE		
12.		AND DIRECT		18.			ADDITIONS/CHANGES TO OFFIC			
TITLE	P		☐ DELFTE	1.1 70	IILE			[_] Change	Addition	
NAME	ERMER, LAURIE L.			1.2 N	AME .					
STREET ADDRES					1.8 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL		DELETE	1.4 C(TY - ST - Z)P		ZIP		Change	Addition	
TITLE	Ab CHABIES D		[""] DETEIE		21 1171.6			L Change	L.J Addition	
NAME OTRECT ABOUT	ERMER, CHARLES D. 4911 SW 113TH AVENUE				2 P NAME 2 B STREET ADDRESS					
STREET ADDRES	FT. LAUDERDALE FL				2 4 CITY-ST-ZIP				i	
CITY-ST-ZIP		ST DELETE			3.1 INLE		ANNELSES DE L'ALON MONTE, VICTO E PROPERTIES DE PERENCE PAR L'ANNELSE PA	Change	Addition	
NAME	ERMER, STEPHANIE A.	- ·			3.2 NAME					
STREET ADDRES			335		3.3 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL				3.4. CITY-ST-ZIP					
TITLE		DELETE			4.1 TITLE			Change	Addition	
NAME				4. 2 N	MAME					
STREET ADDRES	ss			4.3 S	TREET A	DORESS				
CITY-ST-ZIP					(1Y-S1-	- ZIP	······································			
TITLE			□ DELETE	5.1 TI	ITLE			L Change	L Addition	
NAME				5.2 N						
STREET ADDRE	SS			53 S	ilkeet A	DORESS				
CITY-ST-ZIP		DELETE			5.4 C(1Y - S1 - ZIP 6.1 TITLE			Change	Addition	
TETLE								L) Change	LT WORKION	
NAME CORRES ADDRE	00	\wedge		62 N		DUDECC				
STREET ADDRE	***************************************	- //	//			DDRESS				
14. Ldo he	preby certify that the information sup	plied with this	s filing/does not กมล	lify for the	EXE	intion state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that	the	
Information indicated on this annual Aport or supplemental attodal report is true and accorate 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 of the receiver of histon empowered to except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address.										

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FILED

May 09 1997 8:00am

Secretary of State