

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Aug 26 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # M01127 (3)  
 1. Corporation Name  
 901 SHOP, INC.



Principal Place of Business: 2245 W. MCNAB RD, POMPANO BEACH FL 33069-4364  
 Mailing Address: 2245 W. MCNAB RD, POMPANO BEACH FL 33069-4364

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1984  
 4. FEI Number: 59-2432722 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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: REFENNING, JACK B., 2245 W. MCNAB RD, POMPANO BEACH FL 33069  
 10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|--------------------------------|---|---|--|
| TITLE: PTD                     | REFENNING, JACK B. <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| NAME: REFENNING, JACK B.       |   | 1.2 NAME  |  |
| STREET ADDRESS: 240 SE 9TH CT. |   | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP: POMPANO BEACH FL  |   | 1.4 CITY-ST-ZIP                                       |  |
| TITLE: SVD                     | REFENNING, JO-ELLEN <input type="checkbox"/> DELETE | 2.1 TITLE   | Vice President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: REFENNING, JO-ELLEN      |   | 2.2 NAME  |  |
| STREET ADDRESS: 240 SE 9TH CT. |   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP: POMPANO BEACH FL  |   | 2.4 CITY-ST-ZIP                                       |  |
| TITLE:                         | <input type="checkbox"/> DELETE                     | 3.1 TITLE   | Secretary / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| NAME:                          |   | 3.2 NAME  | Brady B. Refenning   |
| STREET ADDRESS:                |   | 3.3 STREET ADDRESS                                    | 900 N. Ocean Blvd. # 25  |
| CITY-ST-ZIP:                   |   | 3.4 CITY-ST-ZIP                                       | Pompano Beach, FL 33062  |
| TITLE:                         | <input type="checkbox"/> DELETE                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| NAME:                          |   | 4.2 NAME  |  |
| STREET ADDRESS:                |   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP:                   |   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE:                         | <input type="checkbox"/> DELETE                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| NAME:                          |   | 5.2 NAME  |  |
| STREET ADDRESS:                |   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP:                   |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE:                         | <input type="checkbox"/> DELETE                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| NAME:                          |   | 6.2 NAME  |  |
| STREET ADDRESS:                |   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP:                   |   | 6.4 CITY-ST-ZIP                                       |  |

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.

SIGNATURE: *On 8/26/98* 8-17-98 954-97-5130

CR2E034 (5/98)