

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M50119** (0)
1. Corporation Name
PIT STOP FOOD STORES, INC.



Principal Place of Business 2673 O/S HWAY MARATHON FL 33050 US	Mailing Address 387 E. SEAVIEW DR. DUCK KEY MARATHON FL 33050 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1987	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 54-0001973		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent VASQUEZ FABIO 387 E. SEAVIEW DR. DUCK KEY MARATHON FL 33050				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83.				84. City	
				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 *Fabio Vasquez* DATE **MAY 15/98**
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input type="checkbox"/> DELETE		1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VASQUEZ AMPARO			1.2 NAME	VASQUEZ AMPARO		
STREET ADDRESS	115 87 3RD AVE, OCN			1.3 STREET ADDRESS	387 E. SEAVIEW DR		
CITY-ST-ZIP	MARATHON FL			1.4 CITY-ST-ZIP	MARATHON, FL. 33050		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VASQUEZ FABIO J			2.2 NAME	VASQUEZ FABIO J		
STREET ADDRESS	115-87 116 ST 3AVE OCEAN			2.3 STREET ADDRESS	387 E. SEAVIEW DR.		
CITY-ST-ZIP	MARATHON FL			2.4 CITY-ST-ZIP	MARATHON, FL. 33050		
TITLE	M	<input type="checkbox"/> DELETE		3.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VASQUEZ, FABIO A.			3.2 NAME			
STREET ADDRESS	115-87 116 ST 3AVE OCEAN			3.3 STREET ADDRESS	387 E. SEAVIEW DR.		
CITY-ST-ZIP	MARATHON FL			3.4 CITY-ST-ZIP	MARATHON, FL. 33050		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAM VASQUEZ			4.2 NAME			
STREET ADDRESS	205 SW 75 ST #B8			4.3 STREET ADDRESS	387 E. SEAVIEW DR		
CITY-ST-ZIP	GAINESVILLE FL			4.4 CITY-ST-ZIP	MARATHON, FL. 33050		
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREA VASQUEZ			5.2 NAME			
STREET ADDRESS	444 ORIENTAL POINT			5.3 STREET ADDRESS	387 E. SEAVIEW DR.		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			5.4 CITY-ST-ZIP	MARATHON, FL. 33050		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FABIAN VASQUEZ			6.2 NAME			
STREET ADDRESS	2401 WINDY HILL RD, APT. 2452P			6.3 STREET ADDRESS	387 E. SEAVIEW DR.		
CITY-ST-ZIP	MARIETTA GA			6.4 CITY-ST-ZIP	MARATHON, FL. 33050		

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: *Fabio Vasquez*

5-15-98

CR2E034 (10/97)