

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90044 022 \*\*\*150.00

DOCUMENT # **M50119**

1. Corporation Name  
**PIT STOP FOOD STORES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 26-73 O/S HWAY MARATHON FL 33050 US		Mailing Address 387 E. SEAVIEW DR. DUCK KEY MARATHON FL 33050 US		3. Date Incorporated or Qualified <b>04/10/1987</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		4. FEI Number <b>54-0001973</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>VASQUEZ FABIO</b> <b>387 E. SEAVIEW DR.</b> <b>DUCK KEY</b> <b>MARATHON FL 33050</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <i>Fabio Vasquez</i> DATE <b>4/30/99</b> (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE VP NAME <b>VASQUEZ AMPARO</b> STREET ADDRESS <b>387 E SEAVIEW DR</b> CITY-ST-ZIP <b>MARATHON FL 33050</b> TITLE P NAME <b>VASQUEZ FABIO J</b> STREET ADDRESS <b>387 E SEAVIEW DR</b> CITY-ST-ZIP <b>MARATHON FL 33050</b> TITLE M NAME <b>VASQUEZ, FABIO A.</b> STREET ADDRESS <b>387 E SEAVIEW DR</b> CITY-ST-ZIP <b>MARATHON FL 33050</b> TITLE TD NAME <b>WILLIAM VASQUEZ</b> STREET ADDRESS <b>387 E SEAVIEW DR</b> CITY-ST-ZIP <b>MARATHON FL 33050</b> TITLE S NAME <b>ANDREA VASQUEZ</b> STREET ADDRESS <b>387 E SEAVIEW DR</b> CITY-ST-ZIP <b>MARATHON FL 33050</b> TITLE D NAME <b>FABIAN VASQUEZ</b> STREET ADDRESS <b>387 E SEAVIEW DR</b> CITY-ST-ZIP <b>MARATHON FL 33050</b>					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME <b>VASQUEZ FABIO J</b> 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					

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

**4/30/99** **305-743-6163**  
Date Daytime Phone #

CR2E034 (11/98)