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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9300005008 (6)

FILED May 21 1998 8:00am Secretary of State

	LUB SHOP, INC.				
Principal Place	of Business	Mailing Address		1 1451(45) (16 (216) (111) \$511) \$611 \$611 \$611	1 01511 00111 80181 1811 1881
297 W. COCOA BEACH CSWY. COCOA BEACH FL 32920 GAPE GANAVERAL FL 32930			89	DO NOT WRITE IN THIS S	PACE
US				3. Date Incorporated or Qualified	FACE
2. Principal Pla	ace of Business	2a. Mailing Address		01/14/1993 4. FEI Number	Applied For
21		26 297 W. Co	as Kala CSU	59-3201940	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	-17 0077	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State City & State			8. Election Campaign Financing	\$5.00 May Be	
23		28 COCOA SUA	ch FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	ent vear Intangible
24	25	29 3293/ 3	BREVARO	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered A	gent
BEOVERS, JUDITA C 8709 LIVE OAK GI CAPE CANAVERAL FL 32920			81 Nan 82 Stre 83 - 4	MATTHEW T. BURKE, CPA 503 N. ORLANDO AVE., SUITE 106 COCOA BEACH, FL 32931	15 Zip Code
11 Pursuant to	o the provisions of Sections 607 05	02 and 607 1508. Florida Statutes	the above-named co	orporation submits this statement for the purpose of	changing its registered
office or re	gistered agent, or both, in the State	e of Horida. Such change was au	thorized by the corpo	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the apport	nintment as registered
-	n familiar with, and accept the oblig	gations of, Section 607.0505, Flori	da Statutes.	1/1	2/00
SIGNATURE 7	Signature, typed or punited harne of registered as	ent and trie if applicable (NOTE F	Registered Agont signature re	quired when reinstating) DATE.	//
12.	OLLICERS AN	VD DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	VD	DELLTE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEEVERS , JUDITH C.		1.2 NAME		13
STREET ADDRESS	8809 LIVE OAK CT.		1.3 STREET ADDRESS		ļ(
CITY-ST-ZIP	CAPE CANAVERAL FL		1.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE		Fυ	Change Addition
NAME				Jason Kalantzis	
STREET ADDRESS			2.3 STREET ADDRESS	297 W. Cocoa Beach Cswy Cocoa Beach, Fl. 32931	·•
CITY-ST-ZIP		DOLOTE		Cocoa Beach, Fl. 32931	
TITLE		L. DELETE	3.1 THILE		L Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. C(TY - ST - Z)P 4.1 T)[LE		Change Addition
TITLE		- Detrie	4. 2 NAME		
NAME OTOTES ADDRESS			4.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ŀ
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	- 	10 40 40 40 40 40 40 40 40 40 40 40 40 40		in Section 119.07(3)(i), Florida Statutes. I further cer	2.4 101.41

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0(3)(i), Florida Statutes. 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 oxecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

CICNATURE.

5-1-5

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