FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000010809 (0)

DOCUMENT # P

1. Corporation Name

1.S.A. MINI MART INC.

U-S-A- MINI MAKI, INC.	
Principal Place of Business	Mailing Address
3621 SOUTH TUTTLE AVENUE SARASOTA FL 34239	3621 SOUTH TUTTLE AVENUE SARASOTA FL 34239



İ						e of Last Report	
	oal Place of Business 2a. Mailing Address			4. FEI Number	0/02/1995		
21					65-0386580	Applied For	
	Suite, Apt. #, etc. Suite, Apt. #, etc					Not Applicable	
22		27	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Crty & State	,	City & State	-, ·		6. Flection Campaign Financing	\$5.00 May Be	
23 Zip		28	· 4···································		Trust Fund Contribution Added to Fees		
24	Country	Ziμ	Countr	У	8. This corporation has liability for intangible ta	x under s 199.032.	
24	25 9. Name and Address of Current	[29]	30		Florida Stafutes 🔲 Yes 🔼 No		
	3. Figure and Address of Current	negistered Agent			Name and Address of New Registered	Agent	
EICKELMANN, JEFFREY S				81 Name			
3903 78TH DR E			82 Street Addre		Idress (P.O. Box Number is Not Acceptable)		
	OTA FL 34243		ļ.,				
- United	AID IE GACAS		83	5			
			84	City		OE Zio Codo	
11 Pursuant to	the provisions of Spotiary 663 0563	1.007		1 '	FL	85 Zip Code	
larmar witi	ed agent, or both, in the State of Florida n, and accept the obligations of, Section	i Such change was auft i 607.0505, Honda Stati	atutes, me above forized by the con- utes.	named corpor Joration's boar	TL ation submits this statement for the purpose of cha d of directors. Thereby accept the appointment as	inging its registered office registered agent. I am	
SIGNATURE -	Signatives typed or perifect many, of registerest ages the	of the mangle above	(NOTE A.J. Serie + A.J.	area and a second			
12.	OFFICERS AND		13.	a seutral les serjuises			
TITLE	D	☐ DELETE	L TITLE	····	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition	
NAME	EICKELMANN, JEFFREY S		1.2 NAME		L	Triguide Woolf Ou	
STREET ADDRESS	3903 78 DR E		i i	LADOFESS			
CITY-ST-ZIP	SARASOTA FL		1.4 Offy - 3				
THTLE	D	DELETE	2 1 Inuf			Change Addition	
NAME	Eickelmann, Jennifer				☐ Change ☐ Addition		
STREET ADDRESS	3903 78TH DR E		2.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		2.4 CITY - 5				
TIBLE	D	☐ D€LETE	3 1 Till_E			Change Addition	
NAME	EICKELMANN, LEONARD		3.2 NAME		C.	J Change [] Adultion	
STREET ADDRESS	3881 PRAIRIE DUNES DRIVE		3.3 STREE	LADORESS			
CITY-ST-ZIF	SARASOTA FL 34238		3 4 City - 9	· 1			
TIFLE		☐ DELETE	4 1 TIFLE		- · · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME			4.2 NAME		L	T committee [1] Hattiff(III	
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY - ST - ZIP			4400Y S	ì			
THILE			5 1 TITLE		Change Addition		
NAME	_				Croange [] Addition		
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP				T - ZIP			
THILE	[] DELETE				☐ Change ☐ Addition		
NAME			6.2 NAME		L	Cultural Modition	
STREET ADDRESS			6.3.S1PEET	ADORESS			
C-TY - ST - ZIP			5.46.70.0				
14. I do hereby o	certify that the information supplied with	this filing is voluntarily for	imished and does	not qualify for	the exemption stated in Section 119.07(3)(k) Flori	do Ctolutus I (.45 -	

The thereby that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-13-96 (841903-3064)

:R2E034 (12/95)