## 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 # P93000022149 (7)

SUPER STOP #102, INC.

Principal Place of Business
25 NW 199 ST. P. D. BOX 61-2106 N. MIAMI FL 33/98 U.S  2. Principal Place of Business 2. A. Mailing Address 2. Principal Place of Business 3. Date Incorporated or Qualified O3/22/1993 3. Date Incorporated or Qualified O3/22/19997 3. Date Incorporated O5/22/19997 3. Date Incorporated O5/22/1999 ST. Date O5/22/1999
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 03/22/1993 4. FEI Number 65-0399977  Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. City & State 2. City & State 2. City & State 2. City & State 2. City & State 3. Date Incorporated or Qualified 03/22/1993 4. FEI Number 65-0399977  SR.75 Additional Fee Required City & State 2. City & State 2. City & State 3. Date Incorporated or Ostatus Desired  SR.75 Additional Fee Required Fee Required 2. City & State 3. Date Incorporated or Qualified 03/22/1993 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation owes or has paid the current englet registered Agent 2. This corporation owes or has paid the current englet registered Agent 10. Name and Address or New Registered Agent 11. Name and Address or New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable)  13. Name 14. City 15. Street Address (P.O. Box Number is Not Acceptable)  15. Street Address (P.O. Box Number is Not Acceptable)  16. Certificate of Status Desired 17. This corporation owes or has paid the current place in Incorporate agent the appointment as registered office or registered agent, or both, it the statement for the purpose of charging its registered office or registered agent, or both, it the statement for the purpose of charging its registered office or registered agent, or both, it the statement for the purpose of charging its registered office or registered agent, or both, it the statement for the purpose of charging its registered office or registered agent, or both, it the statement for the purpose of charging its registered office or registered agent, or both, it the statement for the purpose of charging its registered office or registered agent, or both in the provision of the applicable.  15. Corporation is the statement for the purpose of charging its registered of the current agent than agent the applica
2. Mailling Address
Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Service and Address of Current Registered Agent  LAKHANI MOHAMMADI  255 NW 199 ST  MIAMI FL 33169  Signature, byred or proted many of registered agent, or bothlight on a coordinate of the registered Agent agent with, and accept to bothlight one of society of society of society of society or proted many of registered agent or bothlight on a coordinate of society of society of society or proted many of registered agent or bothlight one of society of society of society of society or proted many of registered agent or proted many of society of socie
Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     City & State     Suite, Apt. #, etc.     Suite, Apt.
27
City & State    City & State   City & State   City & State   City & State   City & State   Country   Zip   Country   Zip   Country   Zip   Country   State   Country
Zip Country Zip Country
28
LAKHANI MOHAMMADI 255 NW 199 ST MIAMI FL 33169  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85   Zip Code   85   Street Address (P.O. Box Number is Not Acceptable)  86   City   FL   85   Zip Code   87   City   FL   85   Zip Code   88   City   FL   85   Zip Code   89   City   FL   80   Zip Code   80   City   FL   80   Zip Code   80   City   FL   80   Zip Code   81   City   FL   85   Zip Code   82   City   FL   85   Zip Code   83   City   FL   85   Zip Code   84   City   FL   85   Zip Code   85   City   FL   85   Zip Code   86   City   FL   85   Zip Code   86   City   FL   85   Zip Code   87   City   FL   85   Zip Code   88   City   FL   85   Zip Code   89   City   FL   85   Zip Code   89   City   FL   85   Zip Code   80   City   FL   85   Zip Code   80   City   FL   85   Zip Code   81   City   FL   85   Zip Code   82   City   FL   85   Zip Code   83   City   FL   85   Zip Code   84   City   FL   85   Zip Code   85   City   FL   85   Zip Code   86   City   FL   85   Zip Code   87   City   FL   85   Zip Code   88   City   FL   85   Zip Code   89   City   FL   85   Zip Code   89   City   FL   85   Zip Code   80   City   FL   85   Zip Code   80   City   FL   85   Zip Code   80   City   FL   85   Zip Code   81   City   FL   85   Zip Code   82   City   FL   85   Zip Code   83   City   FL   85   Zip Code   84   City   FL   85   Zip Code   85   City   FL   85   Zip Code   86   City   FL   85   Zip Code   87   City   FL   85   Zip Code   88   City   FL   85   Zip Code   89   City   FL   85   Zip Code   89   City   FL   85   Zip Code   80   City   FL   85   Zip Code   80   City   FL   85   Zip Code   80   City   FL   85   Zip Code   81   City   FL   85   Zip Code   82   City   FL   85   Zip Code   84   City   FL   85   Zip Code   85   City   FL   85   Zip Code   86   City   FL   85   Zip Code   87   City   FL   85   Zip Code   88   City   FL   85   Zip Code   89   City   FL   85   Zip Code   80   City   FL   85   Zip Code   80   City   FL   85   Zip Code   80   City   FL   85   Zip C
LAKHANI MOHAMMADI 255 NW 199 ST MIAMI FL 33169  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City FL 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 to bulgations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent Egnature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  LAKHANI, MOHAMMAD I  12. NAME  LAKHANI, MOHAMMAD I  13. SIREET ADDRESS  255 NW 199 ST.  1.3 SIREET ADDRESS  1.3 SIREET ADDRESS  N. MIAMI BCH. FL  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  VP  DELETE  2.1 TITLE  PARAGE  Addition  Addition  NAME  BANA, MOH I  2.2 NAME  Addition
MIAMI FL 33169  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   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, it use state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent a mailiar with, and accept the obligations of Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PAMME  LAKHANI, MOHAMMAD I  1.2 NAME  LAKHANI, MOHAMMAD I  1.2 NAME  LAKHANI, MOHAMMAD I  1.3 SIREET ADDRESS  CITY-ST-ZIP  N. MIAMI BCH. FL  TITLE  VP  DELETE  1.1 TITLE  VP  DELETE  1.4 CITY-ST-ZIP  TITLE  VP  DELETE  2.1 TITLE  VP  Addition  Addition  NAME  BANA, MOH I  22 NAME  NOHA  NOHA  NOHA  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LAKHANI, MOHAMMAD I  22 NAME  NOHA  NOHA  NOHA  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LAKHANI, MOHAMMAD I  1.2 NAME  LAKHANI, MOHAMMAD I  2.3 NAME  NOHA  NO
MIAMI FL 33169  83  84 City  FL 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, a materialization of the provisions of Sections 607 0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title of applicable. (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  1.1 TITLE  1.2 Change Addition  STREET ADDRESS  255 NW 199 ST.  1.3 SIRRET ADDRESS  1.3 SIRRET ADDRESS  1.4 CITY-ST-ZIP  N. MIAMI BCH. FL  1.4 CITY-ST-ZIP  TITLE  PARAGE  1.4 CITY-ST-ZIP  TITLE  PARAGE  1.5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  Addition  NAME  BANA, MOH I  22 NAME  BANA, MOH I
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 agent. I am familiar with, and accept to biblinations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of reps-keet agent and tale if applicable. (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PARE  LAKHANI, MOHAMMAD I  1.2 NAME  LAKHANI, MOHAMMAD I  STREET ADDRESS  CITY-ST-ZIP  N. MIAMI BCH. FL  DELETE  1.1 TITLE  PARE  LAKHANI, MOHAMMAD I  1.2 NAME  LAKHANI, MOHAMMAD I  1.3 STREET ADDRESS  CITY-ST-ZIP  N. MIAMI BCH. FL  DELETE  2.1 TITLE  PARE  LAKHANI, MOHAMMAD I  1.2 NAME  LAKHANI, MOHAMMAD I  1.3 STREET ADDRESS  CITY-ST-ZIP  N. MIAMI BCH. FL  DELETE  2.1 TITLE  PARE  LAKHANI, MOHAMMAD I  1.2 NAME  LAKHANI, MOHAMMAD I  1.3 STREET ADDRESS  CITY-ST-ZIP  N. MIAMI BCH. FL  DELETE  2.1 TITLE  PARE  LAKHANI, MOHAMMAD I  LAKHANI, MOHA
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SIGNATURE    Signature, typed or printed name of registered against and title of applicable.   (NOTE Registered Against signature required when reinstating)   DATE
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Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17TLE  P LAKHANI, MOHAMMAD I 1.2 NAME LAKHANI, MOHAMMAD I 1.2 NAME STREET ADDRESS CITY-ST-ZIP  TITLE  VP LAKHANI, MOHAMMAD I 1.3 STREET ADDRESS CITY-ST-ZIP  TITLE  VP DELETE 2.1 TITLE  VP LAKHANI LAKH
TITLE   DELETE   1.1 TITLE   LAKHANI, MOHAMMAD   LAKHANI, MOHAMMAD   LAKHANI, MOHAMMAD   LAKHANI, MOHAMMAD   LAKHANI, MOHAMMAD   LAKHANI   LAKHANI   MOHAMMAD   LAKHANI   MOHAMMAD   LAKHANI   MOHAMMAD   LAKHANI   LAKHANI   LAKHANI   MOHAMMAD   LAKHANI   LAKHANI   LAKHANI   MOHAMMAD   LAKHANI   LAKHAN
NAME LAKHANI, MOHAMMAD I STREET ADDRESS CITY-ST-ZIP N. MIAMI BCH. FL  TITLE VP DELETE DELETE 22 NAME LAKHANI, MOHAMMAD I 1.2 NAME LAKHANI, MOHAMMAD I 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 TARREST ADDRESS 1.4 CITY-ST-ZIP 1.5 TARREST ADDRESS 1.4 CITY-ST-ZIP 1.5 TARREST ADDRESS 1.5 TA
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CITY-ST-ZIP         N. MIAMI BCH. FL         1.4 CITY-ST-ZIP           TITLE         VP         DELETE         2.1 TITLE           NAME         BANA, MOH I         22 NAME         BANA MOH I
TITLE VP DELETE 2.1 TITLE P Change Addition  NAME BANA, MOH I 22 NAME BANA MOHD I
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CITY-ST-ZIP N. MIAMI BCH. FL 2.4 CITY-ST-ZIP
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 10.7 (3)(i), Florida Statutes. I further 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

14. Pereby 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 rejetiver 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 a preliminary with an address.

1/6/38

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**FILED** 

Jan 20 1998 8:00am

Secretary of State