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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

SHOP STOP, INC.

93000035065 (0)
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**FILED** Feb 27 1998 8:00am Secretary of State

Principal Place of Business  101 NORTH OCEAN DRIVE		Mailing Address			
HOLLYWOOD FL 33019		101 NORTH OCEAN DRIVE UNIT 113			
		HOLLYWOOD FL 33019		DO NOT WRITE IN THIS SPACE	
		U\$		3. Date Incorporated or Qualified 05/11/1993	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 109 BRIDG	E STREET	65-0415005	Not Applicable
Suite, Apt.	#, etc.	Suito, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		City & State			Fee Required
City & State	9		D	B. Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29 21921	30 CECIL	Personal Property Tax due June 30.	Yes X No
	9. Name and Address of Curren	t Registered Agent	641 11	10. Name and Address of New Register	ed Agent
BAUMAN, DAVID M.				ROME GOLDFADIM	
101 NORTH OCEAN DRIVE				ess (P.O. Box Number is Not Acceptable)	
UNIT 207 HOLLYWOOD FL 33019			83 UNIT	OCEAN DRIVE	
110	2211100012			113	(o-1 7:- 0-4:
			84 City HOLL		EL 85 Zip Code 33019
11. Pursuant t	to the provisions of Sections 607.050;	2 and 607.1508, Florida Statut	les, the above-named corp	oration submits this statement for the purpos ion's board of directors. I hereby accept the	e of changing its registered
agent. I a	m familia with, and accept the obliga-	tions of, Section 607.0505, Fi	orien Statutes.	Las XII	
SIGNATURE 4	JEROME GO	LAFADIA  ot and title if applicable (NO)	epome >	ad when reinstakru) DA	2-23-98
12.	Signature typed or printed name of registrated age OFFICERS ANI		E: Nod stered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	-
TITLE	PO	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GREENBERG, DONALD B.		1.2 NAME		
STREET ADDRESS	109 BRIDGE STREET		1.3 STREET ADDRESS		·
City-SI-ZIP	ELKTON MD VD	X) DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE NAME	ZELLER, STEPHEN	(X) DELETE	21 TITLE 22 NAME		CT cuange CT Addition
STREET ADDRESS	101 NORTH OCEAN DRIVE,	<b>#</b> 113	2.3 STREET ADDRESS		
CITY - ST - ZIP	NOLLYWOOD FL		2 4 DITY-ST-ZIP		
TITLE	STD	XI DELETE	3 1 TITLE		Change Addition
NAME	SHURE, RICHARD		3 2 NAME		
STREET ADDRESS	101 N. OCEAN DRIVE, #113		3.3 STREET ADDRESS		
CATY-ST-ZIP	HOLLYWOOD FL	DELETE	3 4. CITY-ST-ZIP		Change Addition
TITLE NAME		T) pereig	4.1 TITLE 4 2 NAME		C CHRIDY C ANDIGON
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T extreme	5.4 CITY-ST-ZIP		Change Laddition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME PTOCCT ADDOCCC			6.2 NAME 6.3 STREET ADDRESS		
STREET ADORESS			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 experimental attrical 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 true or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if or an appear with an address.