

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

**FILED**  
**Mar 19, 1999 8:00 am**  
**Secretary of State**

03-19-1999 90011 045 \*\*\*150.00  
 03-19-1999 90011 046 \*\*\*\*\*8.75

0158625

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P93000047310**

1. Corporation Name  
**SUPER STOP #202, INC.**

Principal Place of Business  
 3101 N. FEDERAL HWY  
 SUITE 504  
 FT LAUDERDALE FL 33306  
 US

Mailing Address  
 3101 N. FEDERAL HWY  
 SUITE 504  
 FT LAUDERDALE FL 33306  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 <u>6221 W. Atlantic Blvd.</u>		26 <u>6221 W. Atlantic Blvd.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 <u>1</u>		27	
City & State		City & State	
23 <u>Margate, FL</u>		28 <u>Margate, FL</u>	
Zip Country		Zip Country	
24 <u>33063</u> 25		29 <u>33063</u> 30	

3. Date Incorporated or Qualified	<b>06/28/1993</b>
4. FEI Number	<b>65-0474251</b>
Applied For	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**DENISE QURESHI**  
 3101 N. FEDERAL HWY  
 SUITE 504  
 FT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<u>6221 W. Atlantic Blvd.</u>
83	
84 City	<u>Margate</u>
85 Zip Code	<u>FL 33063</u>

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 Denise Qureshi Denise Qureshi Pres. DATE 1-26-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	QURESHI, DENISE	
STREET ADDRESS	2880 NE 29TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<u>6221 W. Atlantic Blvd.</u>
1.4 CITY-ST-ZIP	<u>Margate, FL 33063</u>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Denise Qureshi Denise Qureshi DATE 1-26-99 DAYTIME PHONE # 954-977-9728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1.1/98)