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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

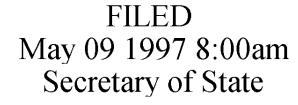
Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000048843 (5)

SUPER STOP #203, INC.

	Principal	al Place of	f Business
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Mailing Address





2880 NE 29TH FT LAUDERDA US		2880 NE 29TH ST FT LAUDERDALE FL 3331 US	06-1919			
				<ol> <li>Date Incorporated or Qualified 07/06/1993</li> </ol>	3a. Date of Last Report 04/08/1996	
	lace of Business	2a. Mailing Address	1 / .l	4. FEI Number	Applied Fo	)r
	N. Federal	, fluy 26 3(01 N. F.	ederal Hwy	/ 65-0492622	Not Applica	
	e 504	Suite, Apt. #, etc.	04 .	5. Certificate of Status Desired	\$8.75 Additiona	al
City & State 23 - 7 . \	anderdate.	FL 28 Ft. Land	erdale, FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 33			30 USA		-Yes ☐ No	2,
		of Current Registered Agent	81 Name T	10. Name and Address of New Rec	istered Agent	
288	vise Qureshi O ne 29th Street Lauderdale Fl 33306		7	Denise Qurest dress (P.O. Box Number is Not Acceptable (N.C. Federal Hw) ite 504	e)	
			H.	Landerdale	- <b>FL</b>   8336	26
11. Pursuant	to the provisions of Sections	607,0502 and 607,1508, Florida Statu	tes, the above-named co	rporation submits this statement for the peation's board of directors. I hereby accep	rpose of changing its register	ered
agerit la	m familiar with, and accept t	the obligations of Section 607.0505, F	lorida Statutes.	anon's board of directors. I hereby accep	тие арропилиеть аз геделете	BU
SIGNATURE	1) min (4)	lucali Lenise	Questi Yr	esident	(-30-97	
12.		gistered agent and title If applicable. (NO CERS AND DIRECTORS	TE: Registered Agent signature request.  13.	uned when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	
11ste	DP OFFIC	DELETE	1,1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Add	dition
NAME	DENISE QURESHI		1,2 NAME			
STREET ADDRESS	2880 NE 29TH ST		1.3 STREET ADDRESS			- 1
CITY-ST-ZIP	FT LAUDERDALE FL	33306	1.4 CITY-ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	2.1 TITLE		☐ Change ☐ Add	dition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADORESS			
CITY - S1 - ZIP			2. 4 City-St-ZIP			
TOLE		DELETE	3.1 TITLE		☐ Change ☐ Add	dition
NAME			3.2 NAME	•		
STREET ADDRESS			3.3 STREET ADORESS			ŀ
CITY - ST - ZIF		- Dr. Fre	3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITILE		L. Change L. Add	dition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP		DELETE	4.4 CITY-ST-ZIP		Change	dition
TITLE		Detere	5.1 TITLE		LI Change LI Add	JIROH
NAME Cross rec			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	·	Change Add	dition
NAME			6.2 NAME		EL CHANGO LUINOU	2.0011
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIF		6 1 20 01 20	6.4 CITY-ST-2IP	1: 0 d do ordovio 65 d do ordovio		

14. I do 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.

SIGNATURE:

Denise Questi Denise Questi

Y-30-91

954-537-7776