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

**PROFIT CORPORATION ANNUAL REPORT** 



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000065925 (8)

FLORIDA SHOPPING, INC. NEW ADDRESS:

Principal Place of Business

1845 OAK TRAIL W. CLEARWATER, FL. 34624

JOHNS PASS MADERIA BEACH FL 33708 US		JOHNS PASS 813 MADEIRA BEACH FL 3970	JOHNS PASS 813 - 539 - 6981 MADEIRA BEACH FL 33708				Date of Last Report		
2. Principal Place of Business 2e. Mailing Address		and shall be contained a state of the state		4. FEI Number	Applied For				
21		26	26		59-3263780		Not Applicable		
Sulte, Apt. #, etc.		Suite, Apl. #, etc.	— — · ' · ·		5. Certificate of Status Desired	□ <b>\$</b>	\$8.75 Additional Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing	5	\$5.00 May Be		
23		28		Trust Fund Contribution		Added to Fees			
Zip	Country	Zip	<b>⊢</b> ′			ty for intangible tax under s. 199.032,			
24	25				Florida Statutes Yes No				
	9. Name and Address of Cu	urrent Registered Agent			10. Name and Address of New Reg	gistered Ager	nt		
	tlu, Korhan j		B1	Name					
229 60TH AVE S.			82	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
ST.PETERSBURG FL 33708									
			83						
			84	City		85	Zip (	Dode	
					oration submits this statement for the p	<u> </u>	1		
office of agent. I SIGNATURE	am familiar with, and accept the o	obligations of, Section 607.0505, F	lorida Statutes		on's board of directors. I hereby accepted when reinstains	bt the appointr	nent as	registered	
12.			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	RECTOR	S IN 12	
TITLE	P DOTERE OF STATE		1.1 TILE 1.2 NAME				Change	Addition	
NAME									
STREET ADDRESS HANDELS GMBH, SCHWANTH			ALER STRABE 34 1.3 STREET ADDRESS						
CITY-ST-ZIP 80338 MUNCHEN GERMANY			1.4 C(TY - ST - Z(P						
TITLE	V	V DELETE					Change	Addition	
NAME	KORHAN MUTLU		2.2 NAME						
STREET ADDRESS			2 3 S1REE I	ADDRESS					
CITY-ST-ZIP	PINELLAS PARK FL 34665		2. 4 CHY-S	T - ZIP				<u></u> .,	
TITLE		☐ DELETE	3.1 TITLE	7			Charige	Addition	
NAME			3.2 NAME						
STREET ADDRESS	S		3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CHY-S	T- <b>Z</b> IP					
TITLE		DELETE	411011				Change	Addition	
NAME .			4.2 NAME						
STREET ADDRES	s		4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY - S	T-7IP					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NALZE	1		S 2 NAME						

14. Ido 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 eath; 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.

6.1 TOLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

DELETE

**FILED** 

Apr 28 1997 8:00am

Secretary of State

Addition

Change