FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1006
1996

P93000069587 (2)

DOCUMENT #

1. Corporation Name EDDIE D'S PRO SHOP, INC.

Principal Place of Business

Mailing Address

2200 NORTH FEDERAL HWY. POMPANO BEACH FL 33062

2200 NORTH FEDERAL HWY. POMPANO BEACH FL 33062



							ast Report 25/1995	
2. Principal Pla	ce of Business	├ ~~¬ŋ			4. FEI Number		Applied For	
21	·	26			59-3205132		Not Applicable	
Suite, Apt. #	r, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	See Required		
City & State		City & State			6. Election Campaign Financing	_ \$5.0	O May Be	
23		28			Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Country	•	8. This corporation has liability for intangible tax under s 199.032,			
24	25	29	30		Florida Statutes 🗘 Yes 🗌 No			
	9. Name and Address of Curre	nt Registered Agent		г	10. Name and Address of New Re	gistered Agent		
			81	Name			ĺ	
DEATLEY, ED 2200 NORTH FEDERAL HIGHWAY			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			<u></u>	Street Address (151 Box Harrison is Not Nosophable)				
POMPA	NO BEACH FL 33062		83					
			84	City		last 7	o Code	
			04	Oity		FL 85 Z1	Code	
or registere familiar wit SIGNATURE	o the provisions of Sections 607.050; ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Secretary, types or printed harms of registered agent	ida. Such change was auth tion 607.0505, Florida Stat	atutes, the above-i iorized by the corp utes. (NOTE: Registeral Ager	oration's boar	ation submits this statement for the purp of of directors. I hereby accept the appoi	ose of changing its r ntment as registered	egistered office agent. I am	
12.		ID D RECTORS	I 13.	n digital a biganee	ADDITIONS/CHANGES TO OFFIC		DO IN 10	
TITLE	P	DELETE	1 1 TILE	····	ADDITIONAL OFFICE TO OFFICE	Change	Addition	
NAME	DEATLEY, EDDIE		1.2 NAME	ļ		change	Z Macross	
	2200 NORTH FEDERAL HV	VY.	1.3 STREET	ADDRESS				
STREET ADDRESS	POMPANO BEACH FL 330		•					
CITY-ST-ZIP TITLE	ST	DELETE	1.4 C) Y - S 2 1 TILE	11-217		Change	Addition	
	DEATLEY, EDDIE		2.2 NME	,		[Gliange	LJ Xumiuii	
NAME	2200 NORTH FEDERAL HV	VV		ADDRESS				
STREET ADDRESS	POMPANO BEACH FL	*1.						
CITY-ST-ZIP			24 Q Y - S 3 1 LE	- ZIP		☐ Change	FT Address	
TITLE		[] btd.1.	32 ME			☐ Change	Addition	
NAME								
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP		□ DELE`E	34 F - S	T - 7IP			FT 4 (19)	
TITLE		[] perc.t	1 " II "			☐ Change	Addition	
NAME			4.2 E					
STREET ADDRESS			1 1	ADDRESS				
CITY-ST-ZIP		ET DELETE		I - ZIP				
TITLE		☐ DELETE	5			Change	☐ Addition	
NAME			5.2					
STREET ADDRESS			5 3 ET	ADDRESS				
CiTY-ST-ZIP				1 - 712				
TITLE		DELETE	6 1 F			Change	☐ Addition	
NAME			6 2 1 F					
STREET ADDRESS		•	634667	AUDRESS				
CiTY-ST-ZIP			64 - \$	I-7.P				
	y certify that the information supplied	i with this filing is voluntarily	furnished and be	s not qualify fo	r the exemption stated in Section 119.0	7(3)(k), Florida Statute	es. I further	

certify that the information indicated on this ming is voluntary remained engoes not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplementar annual report true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trustee empowhed 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.