Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90113 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000073604

1. Corporation Name

| IN-STOR | E PROMOTIONS, INC. | | | | | | | | | | | | |
|--|--|-----------------|-----------------|--------------------|-----------|---------------------|----------------------|--|----------------------------------|-------------------------------|---------------------|-------------------------|--------------------|
| Principal Place | of Business | Mailing Ad | dress | | | | ļ | 40 40 | | | #### *#### | | H 0101 1001 |
| 4710 EISENHOWER BOULEVARD STE F2 4710 EISENHOWER BOULEVARD TAMPA FL 33634 TAMPA FL 33634 | | | | | 1D STE F2 | | | | | | | | |
| | • | | | | | | | | DO NOT WR | | SPACE | | |
| | • | | | | | | | 3. Date Incorporate 10/25/199 | rated or Qualifed | | | | Ì |
| 2. Principal Pl | ace of Business | 2a. Mailing | Address | | | | \neg | 4. FEI Number | | | | Appl | ed For |
| 21 | | 26 | | | | | | 59-32540 | 15 | | | Not / | Applicable |
| Suite, Apt. | #, etc. | | Apt. #, etc. | | | | | 5. Certifcate of | | | | | ditional |
| 22 | | 27 | | | | | | 5. Certificate of | Status Desired | | Fe | e Requ | ired |
| City & State | 9-11-76-75 | City & : | State | - | | · · · · · · | | 6. Election Car Trust Fund C | npaign Financing Contribution | | | . 00 м ded to | |
| Zip | Country | Zip | | | | | | 8. This corpora | tion owes the cut | rent year Int | angible | | |
| 24 | 25 | 29 | 30 | ה | • | | 1 | Personal Pro | | • | ☐ Yes | |]No |
| | 9. Name and Address of Current | <u> </u> | | - | | | | 10. Name and | Address of New | Registered . | Agent | | |
| | | | | 8 | 31 | Name | | | | | | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET | | | | | 32 | Street A | Addres | s (P.O. Box Num | ber is Not Accep | table) | | | |
| TALLAHASSEE FL 32301 | | | | | 33 | | | | | | | | _ |
| 17100 | STINGOLL TE GEGGT | | | ٦ | ~ | | | | | | | | |
| | | | | j | 34 | City | | | | FL | . | Zip Co | j |
| office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati | f Florida, Such | change was auth | onzea c | ວyແ | -named on the corpo | corpora pration's | ation submits this s board of directo | statement for the | e purpose of ept the appoi | changir ntment a | ig its re as regi: | gistered stered |
| SIGNATURE | Signature, typed or printed name of registered agent | | MOTE: Pa | gistared A | anat . | cionatura re | acuirad ud | nen reinstating) | | DATE | | | \ |
| 12. | OFFICERS AND | | . (14012.148 | 13. | 9011 | alginataro re | ,qu.,ou ,,, | | HANGES TO O | FFICERS AN | ID DIRE | CTOR | S IN 12 |
| TITLE | | | | 1.† TITLE | E | 1 | | | | | Cha | | ☐ Addition |
| NAME | | | | 1.2 NAM | | | | | | | | \ | |
| STREET ADDRESS | · | | | 1.3 STRE | EET A | ADDRESS | | | | | | | Ì |
| CITY-ST-ZIP | TAMPA FL 33634 | | | 1.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE | | | | 2.1 TITLE | | | | | | | | inge | Addition |
| NAME | - 1 | | 2.2 NAM | 2.2 NAME | | | | | | | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | | | | | | | • |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | | | | | | | | \ | |
| TITLE | | | | 3.1 TITLE | | | - | | | _ Cha | inge | Addition | |
| NAME | ALDRICH, ROBERT H | | | 3.2 NAM | Æ | | | | | | | | |
| STREET ADDRESS | · · · · · · · · · · · · · · · · · · · | | | 3.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | | 3.4. CITY | Y-ST | r-zip | | _ | | | | | |
| TITLE | | | 4.1 TITL | 4.1 TITLE | | | | - | | ☐ Chi | ange | ☐ Addition | |
| NAME | - | | - | 4. 2 NAN | ďΕ | | | | | | | | |
| 1 | | | 4.3 STR | 4.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | | 4.4 CITY | /-ST- | -ZIP | | | | | | | |
| TITLE | | ******* | ☐ DELETE | 5.1 TITL | | i | | | | | Ch | ange | Addition |
| | | | | 52 NAM | Œ | | | | | | | | |

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

Addition