

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000075598 (1)

1. Corporation Name

THE RASTA SHOP, INC.



Principal Place of Business

1634 E ATLANTIC BLVD
POMPANO BEACH FL 33064

Mailing Address

1634 E ATLANTIC BLVD
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified
11/02/1993

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 1304 E. Atlantic Blvd

26 1304 E. Atlantic Blvd

4. FEI Number
65-0449136

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 A

27 A

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 Pompano Bch., FL

28 Pompano Bch., FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33060

Country

25 USA

29 33060

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OPPERMAN, LISA
1634 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060

81 Name
OPPERMAN, LISA

82 Street Address (P.O. Box Number is Not Acceptable)
1304 A East Atlantic Blvd

83

84 City
Pompano Bch FL 85 Zip Code
33060

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

Lisa Opperman

Signatures must be printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/25/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
D
OPPERMAN, LISA M
1634 E ATLANTIC BLVD
POMPANO BEACH FL 33064

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
D
KRAMER, RICK L
1634 E ATLANTIC BLVD
POMPANO BEACH FL 33064

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

1634 E ATLANTIC BLVD
POMPANO BEACH FL 33064

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

1634 E ATLANTIC BLVD
POMPANO BEACH FL 33064

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

1634 E ATLANTIC BLVD
POMPANO BEACH FL 33064

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

1634 E ATLANTIC BLVD
POMPANO BEACH FL 33064

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

Lisa Opperman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 (305) 782-5379
Date Daytime Phone #

CR2E034 (12/95)