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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000017708 (6)

PLUS MART, INC.

Principal Place		Mailing Address 200 S. ORANGE AVE.					
ORLANDO FL \$2808		SUITE 2300 - ORLANDO -FL-22901-2440 US					
				3. Date incorporated or Qualific 03/07/1994	05/01/1996		
	face of Business	2a. Mailing Address		4. FEI Number	<u> </u>	oplied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3246060	Not Applicable		
22		27		5. Certificate of Status Desired	SB.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing			
23		28 Orlando, FL		Trust Fund Contribution	Added 1	•	
Zip	Country	2φ	Country	8. This corporation has liability t	or intangible tax under s	199.032,	
24	25	29 32801-3432:	30	Florida Statutes	Yes 🗌 No		
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New	Registered Agent		
	C. CO.		81 Name			,	
200 SOUTH ORANGE AVE 2300 SUN BANK CENTER			82 Street A				
			200 S. Crange Hue.				
OHL	ANDU-FL-92002		[65]	Suite 2300 _			
			84 City	0-1-1-	EI 85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statuto	s the above-named of	corporation submits this statement for th	e purpose of changing it	rs registered	
office or r	registered a gent, or both, in the Stat-	e of Florida. Such change was au	ithorized by the corp	oration's board of directors. I heroby ac	cept the appointment as	registered	
	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	ida Statules.				
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable (NOT)	Registereo Agent signature r	equired when reinstating)	DATE		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 12	
TITLE	PD	DELETE	1.1 TITLE		Change	Addition	
NAME	RODRIGUEZ, JAMIE A		1.2 NAME	Rodriquezy Jain	ie A.		
STREET ADDRESS	1466 E. MICHIGAN AVE.		1.3 STREET ADDRESS	3 ,			
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CHY+ST-ZIP				
TITLE		☐ DEL€JE	2 1 TITLF		∐ Change	Addition	
NAME			22 NAMI				
STREET ADDRESS			2.3 STHEET ADDRESS				
CITY-ST-ZIP		☐ DELETE	2 4 CITY-ST-7IP		Change	Addition	
TITLE NAME		□ DETECT	3 1 111[[f		C Change	[] Addition	
STREET ADDRESS			3.2 NAMÉ 3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		☐ Change	Addition	
NAME		_	4. 2 NAME			-	
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - 7IP				
TITLE		DELETE	5 1 TITLE		☐ Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-S1 - 7/P				
TITLE		DELETE	6.1 TITLE		☐ Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CI1Y - S1 - ZIP				
informatio	on indicated on this annual report or	supplemental annual report is tru	ue and accurate and	ated in Section 119.07(3)(i), Florida Stat that my signature shall have the same l	egal effect as if made un	der oath; that	
am an o	officer or director of the corporation of	or the receiver or trustee empower	ered to execute this re	pport as required by Chapter 607, Florid	la Statutes; and that my r	name	
որիզգյը ("	C. S. MI GIROTE BIR TRUE BUILDING	555.				