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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000057465**1. Corporation Name

FORT PIERCE SUPER 8, INC.

Principal P	tace of Busi
612 S. 4TH	STREET
FT DIERCE	FI 34950

Mailing Address

612 S. 4TH STREET FT. PIERCE FL 34950

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90080 029 ***150.00



DO I	TON	WRITE	IN	THIS	SPACE
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3. Date Incorporated or Qualifed

						08/03/1994				
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For	
21		26			65-0509074 Not Ap			ot Applicable		
Suite, Apt. #	≠, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Cartifects of Status Desired \$8.75 Additional				
22		27					Fee Re			
City & State	}	City & State	~~			6. Election Campaign Financing	П		May Be	
23		28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the curr	ent year Int	angible	_	
24	25	29	30		:	Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Current I	Registered Agent		<u>.</u>		10. Name and Address of New Registered Agent				
				81 N	lame	•				
	H, B'HARAT R			82 S	treet Addres	s (P.O. Box Number is Not Accepta	ble)			
	W. COMM. BLVD. #190			32 3	niect Addition	S () .O. DOX (tallibor in the company	,			
FORT	r Lauderdale FL 33309			83						
								1 - 3		
				84 C	City		FL	85 Zip	Code	
44 D	to the provisions of Sections 607.0502	and 607 1508 Florida State	ites the s	hove-na	amed comor	ation submits this statement for the	purpose of	changing its	registered	
office or re	egistered agent, or both, in the State of	Florida, Such change was	authorized	d by the	corporation	's board of directors. I hereby accep	t the appoi	ntment as re	gistered	
agent. I ar	n familiar with, and accept the obligation	ons of, Section 607.0505, Fl	orida Stat	utes.		0	01/0			
SIGNATURE	15 hout the	had BHAI	LAT	<u> </u>	<u>SHAY</u>	Pres. 2	<u> </u>	9		
	Signature, typed or printed name of registered igent a			l Agent sig	nature required v	ADDITIONS/CHANGES TO OF	EICEDS AN	ID DIDECTO	DPS IN 12	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS A	Change	Addition	
TITLE	Р	☐ DELETE	1.1 TI					Contange		
NAME	SHAH, B'HARAT R		1.2 N	AME.						
STREET ADDRESS	1831 W. EAGLETRACE BLVD.		1.3 \$	TREET ADD	DRESS					
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 C	ITY-ST-ZIF	Р					
TITLE	VP	☐ DELETE	2.1 17	TLE	ŀ			☐ Change	☐ Addition	
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TITLE		☐ DELETE	6.1 T					☐ Change	☐ Addition	
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CITY-ST-ZIP			6.4 C	ITY-ST-ZIF	Р					
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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.