

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 # P94000065032

1. Corporation Name

PARK & SHOP OF CENTRAL FLORIDA, INC.

Principal Place of Business

329 SANFORD AVE.
SANDFORD FL 32771

Mailing Address

329 SANFORD AVE.
SANDFORD FL 32771

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90027 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1994

4. FEI Number

59-3273014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

TRABULSY, SY
462 FORESTWOOD LANE
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

sy TRABULSY

82 Street Address (P.O. Box Number is Not Acceptable)

329 SANFORD AVE.

83

SANFORD, FLORIDA 32771

84 City

FL

85 Zip Code

32771

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 SY E. TRABULSY

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME TRABULSY, SY. E
STREET ADDRESS 462 FORESTWOOD LANE
CITY-ST-ZIP MAITLAND FL

TITLE T ☐ DELETE

NAME TRABULSY JULIA
STREET ADDRESS 2812 SALISBURY BLVD.
CITY-ST-ZIP WINTER PARK FL

TITLE S ☐ DELETE

NAME TRABULSHY, FRIEDA
STREET ADDRESS 462 FORESTWOOD LANE
CITY-ST-ZIP MAITLAND FL 32751

TITLE P ☐ DELETE

NAME TRABULSHY, SY
STREET ADDRESS 462 FORESTWOOD LANE
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT

☒ Change ☐ Addition

1.2 NAME

SY E. TRABULSY

1.3 STREET ADDRESS

462 FORESTWOOD LANE

1.4 CITY-ST-ZIP

MAITLAND, FL 32751

2.1 TITLE

JULIA TRABULSY -TRES.

☒ Change ☐ Addition

2.2 NAME

2812 SALISBURY BLVD.

2.3 STREET ADDRESS

WINTER PARK, FL 32789

2.4 CITY-ST-ZIP

3.1 TITLE

SECRETARY

☒ Change ☐ Addition

3.2 NAME

FRIEDA TRABULSY

3.3 STREET ADDRESS

462 FORESTWOOD LANE

3.4 CITY-ST-ZIP

MAITLAND, FL 32751

4.1 TITLE

VICE PRES

☒ Change ☐ Addition

4.2 NAME

SOLOMON TRABULSY

4.3 STREET ADDRESS

2812 SALISBURY BLVD.

4.4 CITY-ST-ZIP

WINTER PARK, FL 32789

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2/28/99

Daytime Phone #

(407) 321-9599

CR2E034 (11/98)