

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000076540 (1)**

1. Corporation Name

SOBEE GIFT SHOP, INC.



Principal Place of Business

**2011 COLLINS AVENUE
MIAMI BEACH FL 33139**

Mailing Address

**2011 COLLINS AVENUE
MIAMI BEACH FL 33139**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

9. Name and Address of Current Registered Agent

**MOHAMMADI, SHAHROKH
5406 19TH AVENUE
GULFPORT FL 33707**

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1505, 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 607.0103, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
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CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**PD
MOHAMMADI, SHAHROKH
5406 19TH AVENUE
GULFPORT FL 33707
VD
MOHAMMADI, ALI
5406 19TH AVENUE
GULFPORT FL 33707**

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
1. NAME
1. STREET ADDRESS
1. CITY-STATE-ZIP
2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-STATE-ZIP
3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY-STATE-ZIP
4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY-STATE-ZIP
6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report was properly furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 registered business 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 as an addition with an address.

SIGNATURE: *Ali Mohammadi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

305.534-2333

CR2E034 (12/95)