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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000076540 (1)

SOBEE	GIFT SHOP, INC.						T REDINERLY HE LEGIN RUBYL BONN ROWN ROWN DRIVE DRIVE DAVIS DIEGE DIEGE BENEFER	il 88/1 (88)	
			- 						
Principal Place of Business Mailing Address						4 1-mirdet ing tarit genit genit gerit gerit gerit indig ditter mid	is 66 11 1883		
2011 COLLINS AVENUE 2011 COLLINS AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139									
							DO NOT WRITE IN THIS SPACE		
1							3. Date Incorporated or Qualified		
6 Principal D	Inc. of Business	2a. Mailing	Addross				10/18/1994 4. FEI Number	- II. (F.	
			JAddress					oplied For	
Suite, Apl	26 Suito	Suite, Apt. #, etc.					ot Applicable		
22 27			7 Apr. #1 Cic.				5. Certificate of Status Desired Fee Re		
City & State City & State									
23		<u></u> 1	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip				Count	try		8. This corporation owes or has paid the current year Int		
24	25	29 30			•] No	
	9, Name and Address of Curre	nt Registered A	gent		_		10. Name and Address of New Registered Agent		
MO	HAMMADI, SHAHROKH			6	31	Name			
5406 19TH AVENUE					2	Street Add	dress (P.O. Box Number is Not Acceptable)		
GULFPORT FL 33707					-	Di OCI MOG	dress (i.e. box Normbor is Not Novopidale)		
				8	13				
				6	4	City	Table 1		
					*	City	FL [85] Zip (Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes						-named corp	rporation submits this statement for the purpose of changing it	s registered	
agent la	m familiar with, and accept the oblig	ations of, Section	n 607.0505, Fi	orida Statut	les.	the corporal	ation's board of directors. Friereby accept the appointment as	registered	
SIGNATURE									
	Signature, typed or printed name of registered ag		le (NOT		\gen	nt signature requi	ured when reinstating) DATE	1	
12.		ID DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Change	S IN 12	
} " }	- to		B		,	Clarite	Addition [3		
NAME	MOHAMMADI, ALI			1.2 NAME				[3	
STREET ADDRESS			1.3 STREET ADDRESS				į		
CITY-ST-ZIP TITLE			2.1 TITLE		· ZIF	Change	Addition		
NAME			2.7 HILE 2.2 NAM			Change	LI NOUNUUN LL		
STREET ADDRESS	M O HAMMADI, SHOHROKH 5406 19TH AVE			2.2 NAME		LDDDCCC		ļ	
CITY-ST-ZIP							1		
TITLE	GOLFFORT PL		DELETE	2. 4 CITY 3.1 TITLE	_	I-ZIP	Change	Addition	
NAME				3.2 NAM			Change	C. Addition	
STREET ADDRESS				3.3 STRE		(Dogree			
CITY-ST-ZIP				3.4. City		ſ		}	
TITLE			4.1 TITLE	_	1-2119	Change	Addition		
NAME			~~~	4.1 MILC 4. 2 NAME		1	□ Change	(Majiraji	
STREET ADDRESS				4.3 STRE		inneecs		1	
CITY-ST-ZIP								. }	
TITLE			DELETE	4.4 CiTY 5 1 TITLE	_	- 71L.	Chanoe	Addition	
NAME				5.2 NAME)	FT Cum.Ac		
STREET ADDRESS				5.3 STRE		nnaree			
CITY OF THE				5.3 STRE					

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-S1-ZIP

SIGNATURE

14. Thereby certify that the information supplied with this filling does not qualify for indicated on this annual report or supplemental annual report is true and accurate or director of the corporation or free conjusted important to in Block 12 or Block 13 if change in a land of the corporation o

NAME

STREET ADDRESS

April -09-98 813-367-6409

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an appears in

Change

Addition

FILED

Apr 15 1998 8:00am

Secretary of State