## 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 # **P94000084768**1. Corporation Name

FOUR WAYS STOP, INC.

1 0011 11					
•.	<u> </u>				
Principal Place	e of Business	Mailing Address			
3713 NW 7TH S		3713 NW 7TH ST			
MIAMI FL 33126 MIAMI FL 33126		MIAMI FL 33120		DO NOT WRITE IN THIS SPACE	
	•			3. Date Incorporated or Qualifed	
				11/21/1994	· _
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0535945	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	<del></del>	5. Certificate of Status Desired	\$8.75 Additional
22	*	27		5. Certifcate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23	4	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25	29	30	Personal Property Tax.	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	d Ngent
	04404		81 Name		. `
	SIMON		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	3 NW 7TH ST				* 147 3 3 4 4 4 3 5 6 7 15 1
MIAN	MI FL 33126		83		
			84 City	-	85 Zip Code
			1 1 1	· · · · · · · · · · · · · · · · · · ·	L I I
12 6 34 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	f .	27.			
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the above-named corporati	poration submits this statement for the purpose of	of changing its registered
The state of the control of the cont	to the provisions of Sections 607.05 egistered agent, or both, in the Station familiar with, and accept the oblig	a af Florida' Such chande was all'	monzen by the corobrau	poration submits this statement for the purpose of the purpose of the appropriate to the purpose of the appropriate the appropriate to the appropr	of changing its registered ointment as registered
office or n agent. I a	egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida: Such change was au gations of, Section 607.0505, Flori	thonzed by the corporati da Statutes.	on's board of directors. Thereby accept the app	of changing its registered pointment as registered
office or n agent. I a SIGNATURE	registered agent, or both, in the Stat im familiar with, and accept the oblig Signature, typed or printed name of registered as	e of Florida! Such change was augations of, Section 607.0505, Flori gent and title if applicable. (NOTE:	thorized by the corporation of t	ed when reinstating);	i i i i i i i i i i i i i i i i i i i
office or nagent. I as SIGNATURE	registered agent, or both, in the Stat im familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A	e of Florida; Such change was augations of, Section 607.0505, Floringert and title if applicable.  (NOTE: IND DIRECTORS	thon zed by the corporation and a Statutes.  Registered Agent signature requirements.	ed when reinstating); DATE  ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
office or ragent. I a SIGNATURE  12.	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered at  OFFICERS A	e of Florida! Such change was augations of, Section 607.0505, Flori gent and title if applicable. (NOTE:	Registered Agent signature require  13.  1.1 TITLE	ed when reinstating);	AND DIRECTORS IN 12
office or ragent. I at SIGNATURE  12.  TITLE  NAME	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A  DP  TAL, SIMON	e of Florida; Such change was augations of, Section 607.0505, Floringert and title if applicable.  (NOTE: IND DIRECTORS	rtonzed by the corporation da Statutes.  Registered Agent signature require  13.  1.1 TITLE  1.2 NAME	ed when reinstating); DATE  ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
office or ragent. I a SIGNATURE  12.	registered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A DP TAL, SIMON 2300 NE 194TH ST	e of Florida; Such change was augations of, Section 607.0505, Floringert and title if applicable.  (NOTE: IND DIRECTORS	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	ed when reinstating); DATE  ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
office or ragent. I an SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	registered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered by OFFICERS A DP TAL, SIMON 2300 NE 194TH ST N MIAMI BEACH FL 33160	e of Florida: Such change was augations of, Section 607.0505, Florigent and title if applicable. (NOTE: IND DIRECTORS	rionized by the corporation of t	ed when reinstating); DATE  ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
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office or ragent. I at SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A DP TAL, SIMON 2300 NE 194TH ST N MIAMI BEACH FL 33160 DS TAL, SIMA	e of Florida: Such change was augations of, Section 607.0505, Florigent and title if applicable. (NOTE: IND DIRECTORS	rionized by the corporation of t	ed when reinstating); DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 ☐ Change ☐ Addition
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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 accuse 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CHERTER SERVER

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90046 014 \*\*\*150.00

Change

CR2E034 (11/98)