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

Mailing Address 807 CHOCTAW LANE

SHALIMAR FL 32579

2a. Mailing Address

Suite, Apt. # etc.

26

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

Principal Place of Business

2. Principal Place of Business

**807 CHOCTAW LANE** SHALIMAR FL 32579

Suite, Apt. #, etc.

21

22

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

NAME

TITLE

NAME



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500005688 (3)

VACUUM CENTER SUPER STORES, INC.

City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 700 Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WEICHMAN, ROBERT A **807 CHOCTAW LANE** Street Address (P.O. Box Number Is Not Acceptable) SHALIMAR FL 32579 84 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 TITLE DELETE 1.1 TITLE Change Addition WEICHMAN, ROBERT A NAME 1.2 NAME 807 CHOCTAW LANE STREET ADDRESS 1.3 STREET ADDRESS SHALIMAR FL CITY-ST-ZIP 1.4 CiTY-ST-ZiP DELETE Addition TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

SIGNATURE:

14. Thereby 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 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 control of the receiver or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if pringfed, or gn an all achingst with an address.

DELETE

DELETE

**FILED** Mar 09 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/19/1995

59-3295996

5. Certificate of Status Desired

4. FEI Number

Applied For

\$8.75 Additional

Fee Required

Change

Change

Addition

Addition

Not Applicable