

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90252 023 ***300.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000005688

1. Corporation Name

VACUUM CENTER SUPER STORES, INC.



Principal Place of Business 807 CHOCTAW LANE SHALIMAR FL 32579	Mailing Address 807 CHOCTAW LANE SHALIMAR FL 32579
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/19/1995	
4. FEI Number 59-3295996	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WEICHMAN, ROBERT A 807 CHOCTAW LANE SHALIMAR FL 32579		10. Name and Address of New Registered Agent 81 Name WEICHMAN, ROBERT A. SR. 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 *Robert A. Weichman* **WEICHMAN, ROBERT A. SR.** Date *Jan 12, 1999*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEICHMAN, ROBERT A		1.2 NAME WEICHMAN, ROBERT A. SR.	
STREET ADDRESS 807 CHOCTAW LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP SHALIMAR FL		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME NORMA F. WEICHMAN	
STREET ADDRESS		2.3 STREET ADDRESS 807 CHOCTAW LANE	
CITY-ST-ZIP		2.4 CITY-ST-ZIP SHALIMAR, FL 32579-2249	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME ROBERT A WEICHMAN JR.	
STREET ADDRESS		3.3 STREET ADDRESS 1514 KRUSE DR	
CITY-ST-ZIP		3.4 CITY-ST-ZIP FWB FL 32547	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME DAVID M. WEICHMAN	
STREET ADDRESS		4.3 STREET ADDRESS 32W COSA LOMA DR	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Mary Esther FL 32569	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Robert A. Weichman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 12, 1999
Date

850-862-1222
Daytime Phone #

CR2E034 (11/98)