PROFIT CORPORATION ANNUAL REPORT

1999

BATTERY SHACK II, INC.



DOCUMENT # P95000027847

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am **Katherine Harris** Secretary of State

03-04-1999 90161 015 ***150.00



Mailing Address Principal Place of Business 100650 OVERSEAS HIGHWAY 100650 OVERSEAS HIGHWAY KEY LARGO FL 33037 KEY LARGO FL 33037 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/07/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 65-0574656 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip MNo ☐ Yes Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GELBER, JEROME B Street Address (P.O. Box Number is Not Acceptable) BUTTONWOOD BAY APTS (UNIT A 4 (B-4) 82 96000 OVERSEAS HIGHWAY KEY LARGO FL 33037 Zip Code 84 City 85 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 replaced to the provisions of Sections 037,0002 and 037,1000, Florida 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE □ Change 1.1 TITLE TITLE GELBER, JEROME B 1.2 NAME NAME 100650 OVERSEAS HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS KEY LARGO FL 33037 1.4 CITY-ST-ZIP CITY-ST-ZIP DINELETE ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP . Addition ☐ DELETE 3.1 TITLE ..._ 🔲 Change ... TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE Change 417771E 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 6.1 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 pushes 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.

CR2E034 (11/98)