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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 20 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000041707 (7)

Block 12 or Block 13 if changed, or on an attachment with an address

SHORT STOP OF SARASOTA, INC.

Principal Place of Business Mailing Address 521 S ORANGE AVE 521 \$ ORANGE AVE SARASOTA FL 34236 SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/26/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 52 I SO OKANGE Not Applicable 26 59-3318006 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred AME 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be SARASOTA Г Added to Fees 28 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible SARA SOTA Yes ☐ No 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SANTA CROCE, LEO 521 S ORANG AVE 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 84 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 each subjustions of Section 607.0505, Florida Statutes. SIGNATURE Stonature, typed p (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.1 TITLE TITLE SANTACROCE, LEO 1.2 NAME NAME **521 SOUTH ORANGE AVENUE** 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ Change Addi 2.1 TITLE TITLE SANTACROCE, FRANCINE NAME 2.2 NAME **521 SOUTH ORANGE AVENUE** 2.3 STREET ADDRESS STREET ADDRESS **SARASOTA FL 34236** 2. 4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP CITY-\$T-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

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 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