PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046255

. Corporation Name

SUPER STOP 441, INC.	i.		
Principal Place of Business	Mailing Address		
3101 N. FEDERAL HWY SUITE 504	3101 N. FEDERAL HWY SUITE 504 ET LAUDEDDALE EL 22205		

FILED Mar 19, 1999 8:00 am Secretary of State

03-19-1999 90011 005 ***150.00 03-19-1999 90011 006 *****8.75



DO NOT	WRITE	IN	THIS	SPACE

US	LE 1 E 30000	US		3. Date incorporated or Qualifed . 06/09/1995			
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21 6221	W. Atlantic Blod	26 6221 W. AH	artic Blud	65-0585920	Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.	WILL DIVE		\$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required		
City & State	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	City & State 28 May agle,	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
zip 24 3306	Country	Zip 33063 30	Country	i discitati i sperij i i i	Yes □No		
-11.	9. Name and Address of Current	Registered Agent	1	10. Name and Address of New Registered Ag	ent		
			81 Name				
QUR	ESHI, DENISE		BO Charles Address	(D.O. Day Number in Not Acceptable)	· · · · · · · · · · · · · · · · · · ·		
3101	N. FEDERAL HWY		82 Street Addre	ess (P.O. Box Number is Not Acceptable)			
SUIT	E. 504		83	D. HIVE DIE			
FT. L	AUDERDALE FL 33306						
			84 City	o i a	85 Zip Code		
			the shows named and	pration submits this statement for the purpose of ch	33063		
office or r	egistered agent, or both, in the State of	f Florida. Such change was authi	onzed by the corporation	n's board of directors. I hereby accept the appoint	nent as registered		
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes.		1		
SIGNATURE	Demoe Olive	ohi Dono	e (luesh)	1-26-99	1		
	Signature, typed or printed name of registered agent		gistered Agent signature required	when reinstating)			
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition		
TITLE	DPST	C3 DELETE	1.1 TITLE	¥	A Transfer		
NAME	QURESHI, DENISE		1.2 NAME	25. 2 OIL . 1. Told			
STREET ADDRESS	2880 NE 29TH STEET		1.3 STREET ADDRESS	221 W. Atlantic Blud.			
CITY-ST-ZIP	FT. LAUDERDALE FL 33306		1.4 CITY-ST-ZIP	argale, FL 33063	7.0		
TITLE		☐ DELETE	2.1 TITLE	ų ·	Change Addition		
NAME			2.2 NAME				
STREET ADORESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		Change		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
			3.4. CITY-ST-ZIP		Ì		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	[Change Addition		
NAME		<u> </u>	4.2 NAME				
			'- ' '-				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		Change Addition		
TITLE		C) DETEIL	5.1 TITLE 5.2 NAME				
NAME							
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP		70		
LILLE		☐ DELETE	6.1 TITLE	Į	☐ Change ☐ Addition		
NAME			6.2 NAME				
					1		
STREET ADDRESS			6.3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 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:



1-26-99

754-977-9728 Daytime Phone #