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TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000082596 (4)**

1. Corporation Name
NEXSTORE, INC.

Principal Place of Business	Mailing Address
C/O STEVE I. SILVERMAN. ESQ. 1970 MIAMI CENTER. 201 S. BISCAYNE BLVD. MIAMI FL 33131	C/O STEVE I. SILVERMAN. ESQ. 1970 MIAMI CENTER. 201 S. BISCAYNE BLVD. MIAMI FL 33131

3. Date Incorporated or Qualified: 10/27/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

SILVERMAN, STEVE I
C/O KLUGER, PERETZ, KAPHAN & BERLIN, P.A.
1970 MIAMI CENTER, 201 S. BISCAYNE BLVD.
MIAMI FL 33131

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL — 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 _____ DATE
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	☐ DELETE	1.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	KNIGHT, WILLIAM L		1.2 NAME	RONALD S. BERKLEY	
STREET ADDRESS	2255 GLADES RD. STE. 219A		1.3 STREET ADDRESS	2255 GLADES RD - STE 219A	
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	400002234214--7	
STREET ADDRESS			4.3 STREET ADDRESS	-07/09/97--01103--010	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****165.00 ****165.00	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

7/8/97

14. I do 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.

SIGNATURE _____ DATE _____

CR2E034 (9/96)

2013

Form **SS-4**
(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)
▶ Keep a copy for your records.

EIN
OMB No. 1545-0003

Please type or print clearly

1 Name of applicant (Legal name)
NEXSTORE, INC

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
2255 GLADES RD, SUITE 219A

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code
BOCA RATON, FL 33431

5b City, state, and ZIP code

6 County and State where principal business is located PALM BEACH COUNTY, FL

7 Name of principal officer, general partner, grantor, owner, or trustor-SSN required ▶ 149-30-4207
WILLIAM L. KNIGHT, PRESIDENT

8a Type of entity (Check only one box.)

- ☐ Sole Proprietor (SSN) _____
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) _____
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ Limited liability co.
- ☐ National guard
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator-SSN _____
- ☑ Other corporation (specify) FOR PROFIT
- ☐ Trust
- ☐ Federal government/military (enter GEN if applicable) _____
- ☐ Farmers' cooperative
- ☐ Church or church controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ | State: FLORIDA | Foreign country:

9 Reason for applying (Check only one box.)

- ☑ Started new business (specify) ▶ GASOLINE STATION
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶ _____
- ☐ Banking purpose (specify) ▶ _____
- ☐ Changed type of organization (specify) ▶ _____
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶ _____
- ☐ Other (specify) ▶ _____

10 Date business started or acquired (Mo., day, year)
10/27/95

11 Enter closing month of accounting year.
12/31

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ UNKNOWN

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶	Nonagricultural	Agricultural	Household
	100		

14 Principal activity ▶ GASOLINE STATIONS

15 Is the principal business activity manufacturing? ☐ Yes ☑ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
☑ Public (retail) ☐ Business (wholesale) ☐ Other (specify) ▶ ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☑ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ Trade name ▶

17c Approximate date when, city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City, and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
561-241-1000

Name and title (Please type or print clearly.) ▶ WILLIAM L. KNIGHT, PRES.

Fax telephone number (include area code)

Signature ▶ William L Knight Date ▶ 5-1-97

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

BSC108

July 3, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Letter number 797A00022209
NexStore, Inc
Ref. Number P95000082596

Regarding the above referenced submission of our Annual Report, please be advised that although an application (SS-4) was filed, we have not as yet received an FEIN number as requested in your letter. We have called the IRS phone number innumerable times, but have been unable to get through.

We have resubmitted the SS-4 and herewith resubmit the Annual Report along with the fee of $165. Since we did file timely and have complied with your requests, we do not feel that a penalty is justified due to the non-response on the part of the IRS.

Thank you for your consideration.

Very truly yours,
NexStore, Inc.

Ronald S. Berkley

RSB:r
ENCL.

KNIGHT
ENTERPRISES