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**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000086604 (2)

1. Corporation Name
SUPER STOP BELLEAIR, INC.



Principal Place of Business
**2880 NE 29TH ST.
FT. LAUDERDALE FL 33306**

Mailing Address
**2880 NE 29TH ST.
FT. LAUDERDALE FL 33306-1919**

3. Date Incorporated or Qualified
11/09/1995

3a. Date of Last Report
05/01/1996

| | |
|--|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 3101 N. Federal Hwy Suite, Apt #, etc | 26 3101 N. Federal Hwy Suite, Apt #, etc. |
| 22 Suite 504 City & State | 27 Suite 504 City & State |
| 23 Ft. Lauderdale, FL Zip Country | 28 Ft. Lauderdale, FL Zip Country |
| 24 33306 25 USA | 29 33306 30 USA |

4. FEI Number
59-3355128

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
**QURESHI, DENISE
2880 NE 29TH ST.
FT. LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name Qureshi, Denise |
| 82 Street Address (P.O. Box Number is Not Acceptable) 3101 N. Federal Hwy |
| 83 Suite 504 |
| 84 City Ft. Lauderdale 85 Zip Code FL 33306 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | QURESHI, DENISE |
| STREET ADDRESS | 2880 NE 29TH ST. |
| CITY - ST - ZIP | FT. LAUDERDALE FL 33306 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | V. D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Abdul Mannan |
| 1.3 STREET ADDRESS | 305 N. Indian Rock Rd |
| 1.4 CITY - ST - ZIP | Belleair Bluffs FL 34640 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

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: Denise Qureshi Denise Qureshi 4-30-97 954-537-2776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)