

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



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: **3101 N. FEDERAL HWY SUITE 504 FT. LAUDERDALE FL 33306 US**

Mailing Address: **3101 N. FEDERAL HWY SUITE 504 FT. LAUDERDALE FL 33306 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/09/1995**

2. Principal Place of Business

21 **305 N. INDIAN RKS RD** 26 **305 N. INDIAN RKS RD**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **BELLEAIR BLUFFS, FL** 28 **BELLEAIR BLUFFS FL**

24 **33770** 25 **PINELLAS** 29 **33770** 30 **PINELLAS**

4. FEI Number **59-3355128** Applied For  Not Applicable

6. 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**QURESHI, DENISE**  
**3101 N. FEDERAL HWY**  
**SUITE 504**  
**FT. LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81 Name **ABDUL MANNAN**

82 Street Address (P.O. Box Number is Not Acceptable) **305 N. INDIAN RKS RD**

83

84 City **BELLEAIR BLUFFS FL** 85 Zip Code **33770**

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 **ABDUL MANNAN** *Abdul Mannan, PRESIDENT* **4-27-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>QURESHI, DENISE</b>	
STREET ADDRESS	<b>2880 NE 29TH ST.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33306</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MANNAN, ABDUL</b>	
STREET ADDRESS	<b>305 N. INDIAN ROCK RD</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL</b>	
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		Change	Addition
1.1 TITLE	<b>PRESIDENT DIRECTOR</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>ABDUL MANNAN</b>		
1.3 STREET ADDRESS	<b>305 N. INDIAN RKS RD</b>		
1.4 CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL 33770</b>		
2.1 TITLE	<b>VICE PRESIDENT, DIR.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>SUMBUL JAHAN</b>		
2.3 STREET ADDRESS	<b>305 N. INDIAN RKS RD</b>		
2.4 CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL 33770</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
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.

SIGNATURE: *Abdul Mannan* **4-27-98** (212) 585-2959

CR2E034 (10/97)