

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P96000028238

1. Corporation Name

STORE SYSTEMS USA, INC.

Principal Place of Business

Mailing Address

**34 E. PINE ST
ORLANDO, FL 32801**

**P.O. BOX 617248
ORLANDO FL, 32861-7248**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

March 25, 1996

4. FEI Number

Applied For
Not Applicable

59 3365388

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

HENRY L. PERLA

82 Street Address (P.O. Box Number is Not Acceptable)

34 E. Pine St.

83

84 City

Orlando

FL

85 Zip Code

32801

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 of record and agent, 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 fully qualified to accept and discharge the duties of a registered agent on 607.0505, Florida Statutes.

SIGNATURE **KENNETH J. MOELLER**

Signature typed for principal place of business agent and block 11 applicable

(NOTE: Registered Agent's signature required when reappointing)

7/19/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PRESIDENT
JERRY BEAVERS
846 PLATO AVE.
ORLANDO, FL 32809**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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CITY - ST - ZIP**

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CITY - ST - ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

700001931087

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*****225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 192, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Original Filed

CR2E034 (3/96)