PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000031443 1. Corporation Name

SUPER STOP 154, INC.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90045 031 ***150.00



Principal Place		Mailing Address 1070 NW FEDERAL HWY	EDERAL HWY						
SUITE 504 STUART FL 34994 FT. LAUDERDALE FL 33306						DO NOT WRITE IN THIS	SPACE		
US	LE PL 33306					3. Date Incorporated or Qualifed 04/02/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	T A	pplied For	
21	-	26	26			65-0736271	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	⊢ '			6. Election Campaign Financing		Мау Ве	
23		28				Trust Fund Contribution		to Fees	
Zip Country		——————————————————————————————————————	Zip Country			8. This corporation owes the current year Intangible			
24	25	29	30	_		Personal Property Tax.	∐ Yes		
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered	Agent		
SHAI	FOAT, CHAWDHURY			"	Maille				
1070 NW FEDERAL HWY				82 Street Address (P.O. Box Number is Not Acceptable)					
STU	ART FL 34994			83		-			
				84	City	FL	85 Zip	Code	
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was	autnonzeo	o by i	tne corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	changing its intment as re	s registered egistered	
OICHATORE .	Signature, typed or printed name of registered agen			Agen	t signature requir	ed when reinstating) DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	\$	☐ DELETE	_			•	☐ Change	☐ Addition	
NAME	SHAFOAT, CHOWDHURY	•		1.2 NAME					
STREET ADDRESS	840 NW FORK RD				ADDRESS			1	
CITY-ST-ZIP	STUART FL 34994	Flores	_	ITY-ST	r-ZIP		☐ Change	Addition	
TITLE	P	☐ DELETE	2.1 Π				□ Change	(Addition	
NAME	AKRAM ALI KHAN		2.2 NA						
STREET ADDRESS	3263 KIRK RD #8		2.3 STREET					Į.	
CITY-ST-ZIP	LAKE WORTH FL 33461	□ pe err		2. 4 CITY-ST-ZIP			☐ Change	Addition	
TITLE		☐ DELETE	3.1 17						
NAME			3.2 N					{	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		□ DELETE	_		T-ZIP		☐ Change	Addition	
TITLE			4.1 TI			•	- Suringe		
NAME			4.21		ADDRESS				
STREET ADDRESS								Ì	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.4 C	TY-ST	- ZIP		☐ Change	Addition	
TITLE			5.1 N						
NAME					ADDRESS		-		
STREET ADDRESS				TY-ST				{	
CITY-ST-ZIP	· · ·	☐ DELETE	6.1 TI				Change	Addition	
TITLE .	•		6.2 N		1		٠٠		
NAME					ADDRESS			ļ	
STREET ADDRESS				ITY-ST		•		ļ	
CITY-ST-ZIP	autif. Hant the information growtian and	th this filing does not coelf.				Section 119 07/3\(ii) Florida Statutes further ce	rtify that the	information	

I nereby 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.