

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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000032730 (9)**

1. Corporation Name

ATLANTIC CITY SUBSHOPS OF FLORIDA, INC.

Principal Place of Business

**2200 W COMMERCIAL BLVD.
SUITE 201-A
FORT LAUDERDALE FL 33309**

Mailing Address

**2200 W COMMERCIAL BLVD.
SUITE 201-A
FORT LAUDERDALE FL 33309-3059**



3. Date Incorporated or Qualified

04/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 **3355 SHERIDAN ST.**

Suite, Apt. #, etc.

22

City & State

23 **HOLLYWOOD FL.**

Zip

24 **33021**

Country

25 **BROWARD**

2a. Mailing Address

26 **3355 SHERIDAN ST.**

Suite, Apt. #, etc.

27

City & State

28 **HOLLYWOOD FL**

Zip

29 **33021**

Country

30 **BROWARD**

4. FEI Number

65-0657479

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

**PERLMAN, SCOTT L
2200 W COMMERCIAL BLVD.
SUITE 201-A
FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name

SCOTT PERLMAN

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

3355 SHERIDAN STREET

83

84 City

HOLLYWOOD

FL

85 Zip Code

33021

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE
NAME **PERLMAN, SCOTT L**
STREET ADDRESS **2200 W COMMERCIAL BLVD. STE 201-A**
CITY - ST - ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VP**
2.3 STREET ADDRESS **BRETT PERLMAN**
2.4 CITY - ST - ZIP **4 HEATHERCROFT SQ**
EGG HARBOR TWP. NJ 08234

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **SEC / TRE**
3.3 STREET ADDRESS **SAND J. FORMICA**
3.4 CITY - ST - ZIP **124 WARE RD.**
EGG HARBOR TWP. NJ 08234

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/97

954-996-8911

Daytime Phone #

CR2E034 (9/96)