Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90028 001 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600032730

1. Corporation Name

ATLANTIC CITY SUBSHOPS OF FLORIDA, INC.

Principal Place	of Business	Mailing Address			1 10011000 11010 01111 00111			
3355 SHERIDAN STR		3355 SHERIDAN ST						
HOLLYWOOD FL 33021		HOLLYWOOD FL 33021		DO NOT WR	ITE IN THIS	SPACE		
U\$		US		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed				
					04/09/1996			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26	_		65-0657479			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			5 Additional
22		27			D. Cormonic of Ended Booked			Required
City & State	9	City & State			6. Election Campaign Financing			<b>0</b> Мау Ве
23		28			Trust Fund Contribution			d to Fees
Ziρ	Country	Zip r	Country		8. This corporation owes the cut	rent year Inta		□No
24	25	<del></del>	30		Personal Property Tax.	Maniatanad I	Yes	LJN0
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New	Registered A	Agent .	
DERI	.MAN, SCOTT		°'	Name				
	SHERIDAN ST		82	Street Ad	Idress (P.O. Box Number is Not Accep	table)		
	LYWOOD FL 33021					· · · · · · · · · · · · · · · · · · ·		<del></del>
HOLE			83					
			84	City			85 Z	p Code
			· [ ]			FL	<u> </u>	its us sistered
11. Pursuant t	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statute	s, the above	e-named co the corpora	propration submits this statement for the stign's board of directors. I hereby acce	e purpose of e	cnanging itment as	registered
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State or in familiar with, and accept the obligat	of Florida. Such change was au	ithorized by	tne corpora	orporation submits this statement for the attention's board of directors. I hereby acce	e purpose of ept the appoir	cnanging itment as	registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on the state of the obligation of the obligation.	of Florida. Such change was au tions of, Section 607.0505, Flor	ithorized by ida Statutes.	tne corpora	ation's board of directors. I hereby acce	рг те аррог	changing itment as	registered
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office or reagent. I ar SIGNATURE  12.	egistered agent, or both, in the State in familiar with, and accept the obligated signature, typed or printed name of registered agen  OFFICERS AN	of Florida. Such change was at tions of, Section 607.0505, Flor at and title if applicable. (NOTE:	Registered Agen 13.	tne corpora	ation's board of directors. I hereby acce	DATE	D DIREC	TORS IN 12
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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, with all other like empowered.

6.4 C/TY-ST-Z/P

CITY-ST-ZIP