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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DIVISION OF COMMENT # P96000050594 (6)

## FILED Mar 02 1998 8:00am Secretary of State

| Principal Plac   | STOP #1302 INC.                                    | Mailing Address                    |                                 |  |                          |
|------------------|--|------------------------------------|---------------------------------|--|--------------------------|
| 1302 N DIXIE HWY |  |                                    |                                 |  |                          |
|                  |  |                                    |                                 | DO NOT WRITE IN THI  | S SPACE                  |
|                  |  |                                    |                                 | 3. Date Incorporated or Qualified  |                          |
| 2. Princinal P   | Place of Business                                  | 2a. Mailing Address                |                                 | <b>06/13/1996 4.</b> FEI Number  | Applied For              |
| 21               | tace or positions                                  | 26                                 |                                 | 1  | Not Applicable           |
| Suite, Apt.      | #. etc   | Suite, Apt #, etc.                 | <del></del>                     | 65-0671135   | \$8.75 Additional        |
| 22               |  | 27                                 |                                 | 5. Certificate of Status Desired   | Fee Required             |
| City & State     | e  | City & State                       |                                 | 6. Election Campaign Financing   | \$5.00 May Be            |
| 23               |  | 28                                 |                                 | Trust Fund Contribution  | Added to Fees            |
| Zip              | Country  | <b>Z</b> ip                        | Country                         | 8. This corporation owes or has paid the   | current year Intangible  |
| 24               | 25   |                                    | 30                              | Personal Property Tax due June 30.   | Yes No                   |
|                  | g, Name and Address of Curre                       | nt Registered Agent                | 61 Name                         | 10. Name and Address of New Registere  | d Agent                  |
|                  | IFA, MOSAMMAT UMME                                 |                                    | 61 Name                         |  |                          |
| 1302 N DIXIE HWY |  |                                    | 82 Street Add                   | fress (P.O. Box Number is Not Acceptable)  |                          |
| r LA             | KE WORTH FL 33460                                  |                                    | 83                              |  |                          |
|                  |  |                                    | 53                              |  |                          |
|                  |  |                                    | 84 City                         | <u></u>  | 85 Zip Code              |
| 44 0             | 40-1-007.00  | 00 and 007 1500 Flyide Stat. to    |                                 | F  | 77 1 -1                  |
| office or o      | registered agent, or both, in the State            | of Florida, Such change was a      | uthorized by the corpora        | poration submits this statement for the purpose<br>ation's board of directors. I hereby accept the a | ppointment as registered |
| agent. I a       | nn familiar with, and accept the oblig             | jations of, Section 607.0505, Floi | rida Statutes.                  |  |                          |
| SIGNATURE        | Signature, typod or printed canno of registered an | APATE                              | Registered Agent signature requ | rired when reinstating) DATE   |                          |
| 12,              |  | ID DIRECTORS                       | 13.                             | ADDITIONS/CHANGES TO OFFICERS A  |                          |
| TITLE            | PD   | DELETE                             | 1.1 TITLE                       | ,  | Change Addition          |
| NAME             | ATIFA, MOSAMMAT UMME                               |                                    | 12 NAME                         |  |                          |
| STREET ADDRESS   | 1302 N DIXIE HWY                                   |                                    | 1.3 STREET ADDRESS              |  |                          |
| City-St-ZiP      | LAKE WORTH FL 33460                                |                                    | 1.4 CITY - ST - ZIP             |  |                          |
| TITLE            | VD   | DELETE                             | 2.1 TITLE                       |  | Change Addition          |
| NAME             | BHUYAIN, JAMAL U                                   |                                    | 2.2 NAME                        |  |                          |
| STREET ADDRESS   | 1302 N DIXIE HWY                                   |                                    | 2.3 STREET ADDRESS              |  |                          |
| CITY-ST-ZIP      | LAKE WORTH FL 33460                                |                                    | 2. 4 CITY-ST-ZIP                |  |                          |
| THLE             |  | ☐ DELFTE                           | 3.1 TITLE                       |  | ☐ Change ☐ Addition      |
| NAME             |  |                                    | 3.2 NAME                        |  |                          |
| STREET ADDRESS   | 1  |                                    | 3.3 STREET ADDRESS              |  |                          |
| CITY-ST-ZIP      | · ·  |                                    | 3.4. CITY-ST-ZIP                |  |                          |
| TITLE            |  | DELETE                             | 4.1 TITLE                       |  | Change Addition          |
| NAME             |  |                                    | 4. 2 NAME                       |  |                          |
| STREET ADDRESS   | }  |                                    | 4.3 STREET ADDRESS              |  |                          |
| CITY-ST-ZIP      |  |                                    | 4.4 CITY-ST-ZIP                 |  |                          |
| TITLE            |  | DELETE                             | 5.1 TITLE                       |  | ☐ Change ☐ Addition      |
| NAME             | )  |                                    | 5.2 NAME                        |  |                          |
| STREET ADDRESS   | }  |                                    | 5.3 STREET ADDRESS              |  |                          |
| CITY-ST-ZIP      |  |                                    | 5.4 CITY-ST-ZIP                 |  |                          |
| TITLE            |  | ☐ DELETE                           | 6.1 TITL€                       |  | Change Addition          |
| NAME             |  |                                    | 6.2 NAME                        |  |                          |
| STREET ADDRESS   |  |                                    | 6.3 STREET ADDRESS              |  |                          |
| CITY ST. 7IP     | ì  |                                    | 64 CITY-ST-7/P                  |  |                          |

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 eath; 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:

MST I home St

2/20/98

561/640-6010